# VIRGINIA DEPARTMENT OF TAXATION



Electronic Filing of
Individual Income Tax Returns
Information for
Software Developers
(Tax Year 2005)
Publication VA-1346

Revised 10/14/05

#### INTRODUCTION

The Virginia Department of Taxation is pleased to announce that we will be participating in the Federal/State Electronic Filing Program for the 2005 tax year. We realize the success of this program will depend upon the efforts of both the participating software developers and the Department. We look forward to working with each of you as you develop and test your software.

The purpose of this document is to assist the software developers in preparing the Virginia tax data for electronic filing. There are other publications from the Department and from the Internal Revenue Service that will discuss the policies and procedures that will be a part of this program. These documents include:

#### **IRS PUBLICATIONS**

Publication 1345, Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2005)

Publication 1346, Electronic Return File Specifications and Record Layouts for Individual Income Tax Returns (Tax Year 2005)

Publication 1436, Test Package for Electronic Filing of Individual Income Tax Returns (Tax Year 2005)

#### VIRGINIA DEPARTMENT OF TAXATION PUBLICATIONS

Publication VA-1345, Virginia Department of Taxation Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2005)

Publication VA-1436, Virginia Department of Taxation Test Package for Electronic Filing of Individual Income Tax Returns (Tax Year 2005)

We believe this guide will help you as you develop your software. Please feel free to contact the Department personnel on Page 7 if you have any questions, comments, or concerns. We value your input and appreciate any suggestions you may have.

### VIRGINIA ELECTRONIC FILING CALENDAR FOR TAX PERIOD JANUARY 1, 2005 to DECEMBER 31, 2005

Begin Federal/State Software Testing	November 9, 2005*
Begin Transmitting Live Returns to IRS/VA Department of Taxation	January 13, 2006*
Last Date to Transmit VA Returns Electronically	October 20, 2006*

\*NOTE: These dates are determined by the IRS and are subject to change.

2004 VA-1346

#### IMPORTANT NEWS

#### **Direct Debit Payment Warehousing**

Payment warehousing is a new feature for tax year 2005. This enables taxpayers the ability to select a date in the future for their direct debit to be processed. Even if the taxpayer elects to have their tax due immediately withdrawn, a date will be required.

#### Forms 1099-MISC and 1099-G

Forms 1099-MISC and 1099-G are accepted as part of the Virginia electronic return.

#### **Out of State Tax Credits**

Returns with tax credits for taxes paid to bordering states, Maryland and North Carolina, will be accepted as part of the Virginia electronic return. Inclusion of other states is planned for future years. Although hard copies of the other states' returns must be mailed to the Electronic Filing Unit, new schedules providing information related to the tax credit is included in the electronic return.

#### **Decedent returns**

Returns where the taxpayer, spouse or both are deceased are accepted as part of the Virginia electronic return.

#### **Separated File Layouts**

Some developers have expressed the need to have separate file layouts for each form type. We are now including separate generic record file layouts for each form type. The combined generic record layout is also still attached.

#### CONTACT PERSONNEL, VIRGINIA DEPARTMENT OF TAXATION

Tina Thoummarath

Electronic Filing Coordinator Kerry E. Williams (804) 367-0240 kwilliams@tax.virginia.gov

Help Desk

elfcoordinator@tax.virginia.gov

(804) 367-6100

#### **TESTING PROCEDURES**

Only software developers are required to test their software with the Virginia Department of Taxation. IRS testing must be successfully completed before the state testing process can begin. Test data and procedures are to be included in another document, *Publication VA-1436*, **Virginia Department of Taxation Test Package for Electronic Filing of Individual Income Tax Returns (Tax Year 2005)**, that will be distributed around mid-October.

The Virginia Test Package will be available on our web site at <a href="www.tax.virginia.gov">www.tax.virginia.gov</a> under the Tax Professional's section or you may request the Virginia test package document by calling or writing to:

2004 VA-1346

Virginia Department of Taxation Electronic Filing Unit Attn: Kerry E. Williams PO Box 27423 Richmond, VA 23261-7423 (804) 367-0240 (voice) (804) 367-0224 (fax) kwilliams@tax.virginia.gov

\*\*\*\*Please contact Kerry Williams or Tina Thoummarath before submitting any state test returns. \*\*\*\*

#### **EXCLUSIONS FROM VIRGINIA ELECTRONIC FILING**

The following forms/line items will not be acceptable for electronic filing for the 2005 tax year.

- Amended returns
- Prior year returns
- Fiduciary returns (Form 770)
- Extension requests (Form 760E)
- Returns for any tax period other than January 1, 2005 to December 31, 2005
- Returns containing certain "Other Subtractions" (Other Subtraction Code "99" is not acceptable for ELF)
- Returns with withholding from Form 4852, Substitute W-2

NOTE:

In addition to the above exclusions from Virginia electronic filing, any income tax return included in the list of exclusions from Federal electronic filing cannot be filed through the Federal/State Electronic Filing program.

2004 VA-1346 3

#### VIRGINIA RECORD LAYOUTS

The Virginia Forms 760, 760PY and 763 returns will be accepted electronically for the 2005 tax year. These can be refunds, zero, or balance due returns. The record layouts that follow list all the data fields contained in the IRS generic record. The Virginia use of the data field is listed below the IRS field description. The Virginia return data will be contained in the **generic record**. The **unformatted record will be used** to capture the entire federal return to include federal schedules, forms and wage and tax statement form records as well as page 2 of Form 760CG, Schedule NPY, Schedule ADJ - Part 2, Schedule FED, Schedule OSC, Virginia Supplemental Schedule-NC, specific 760PY fields and wage and tax statements (1099-G, 1099-MISC).

#### Please take note of the following:

- 1. Virginia's name fields will more closely match the standard IRS convention. Due to space constraints however we will only be able to accommodate twenty (20) characters of the last name fields. If the last name field exceeds 20 characters, please prompt the user to correct or have the software programmatically make the correction.
- 2. For returns with a filing status of 2, 3 and 4, the spouse's name must be included on the tax return.
- 3. Virginia will not be using any of the fields in the IRS "Consistency Section" (IRS 150 IRS 205).
- 4. Virginia **does** want a complete copy of the federal return. The data should be identical to the IRS data with the exception of four characters. See the Unformatted Record section of this document.
- 5. The generic record must be used to transmit Virginia returns. Unformatted records will contain federal return, schedules and wage and tax statements as well as the Schedule NPY, Schedule ADJ, Schedule FED and specific 760PY fields, Schedule OSC, Virginia Supplemental Schedule-MD, Virginia Schedule-NC, and wage and tax statements.
- 6. The IRS convention of "sign trailing" will be used for all IRS 12 byte numeric data fields.
- 7. Only whole dollar amounts should be entered on all forms.
- 8. Virginia will again be offering direct deposit of refunds this year. We will also now support direct debit for ELF tax due returns.
- 9. Each transmitted record must contain a valid Software Developer ID in the IRS field 300 (VA.300-1). The developer selects this ID and informs the department.
- 10. Payment for balance due returns may be made using the 760-PMT, direct debit, or by credit card through Official Payments. Additional information regarding payment via credit card can be obtained by calling 1-800-2PAY-TAX, or by visiting <a href="https://www.officialpayments.com">www.officialpayments.com</a>.

2004 VA-1346 4

#### **GENERIC LAYOUT**

(Tax Year 2005)

#### **GENERIC STATE RECORDS**

The Generic State Records Section will be utilized for the capture of header information, state direct deposit data, preparer information, and tax return information. The Header Section contains identifying information for the return. The State Direct Deposit Section is used to store bank information. This information does not have to be the same as the Federal Direct Deposit data. The Participant Section is used for capturing return preparation information. The Entity Section contains taxpayer name and address information. The Federal Consistency Section is not used by Virginia. The first Alphanumeric Field (IRS 300) is used to capture more return preparation information. (See Appendix)

#### Please note the following:

- 1. Variable length and fixed length records should be identified by the length in the header record for each record. Fixed length records will always contain the maximum number of characters indicated in the record definition. Variable length records may contain less than the maximum number of characters.
- 2. Virginia will **not** utilize any of the federal consistency fields.

2004 VA-1346 5

Field	Identification	Line	Length	Туре	Edits, Comments & Validations	Changed
		***** H	eader Se		******	
	Byte Count		4		"2732" for fixed; "nnnn" for variable format	****
IRS000	Record ID		6	AN	"STbbbb"	
IRS001	Form Number		6	AN	"0001bb"	
IRS002	Page Number		5	AN	"PG01b"	
IRS003	Primary SSN		9	Ν	Required Entry. Primary Taxpayer's SSN	
IRS004	Filler		1		blank	
IRS005	Form /Schedule No.		7	N	"000001"	
		******	Header E	nds **	*****	
IRS010	State Code		2	Α	"VA"	
IRS011	City Code		2	Α	Reserved for future use	
IRS019	State Only Indicator		2	Α	"SO" (Indicates State Only return data)	
IRS020	Declaration Control Number		14	Ν	Assigned by filer	
	First two positions		2	N	Value Always "00"	
	EFIN of Originator		6	N	,	
	Batch Number		3	N	(000-999)	
	Serial Number		2	N	(00-99)	
	Year digit		1	N	"6"	****
		  *********	*****		********	
IRS023	Return Sequence Number		16	N	Required Entry.	
1110020	ETIN of transmitter		5		Must Equal RSN	
	Trans Use Field		2		in 1040, A or EZ	
	Julian Date of Tr		3		Will be used as filing date of VA return	
	Trans Seq. Number		2		(01-99)	
	Seg. Number of Return		4	N	(0001-9999)	
		*******			ction ************************************	
IRS024	Direct Deposit Indicator	Otate Di	1		"1" = Direct Deposit; "2" = Direct Debit	
IRS025	Reserved RTN Flag		1		Not Used	
IRS027	Direct Debit Date		8		YYYYMMDDIRS024 Must equal "2"; else zero or spaces	****
1113021	Direct Debit Amount		11		Must be zero padded. IRS024 Must equal "2" and IRS 525	
IRS028	Direct Debit Amount		11	IN	Must be > 0.	****
1110020	IRS028 Filler		1	AN	MUST EQUAL SPACE	****
IRS030	Routing Transit		9	N	Only Valid if IRS024 contains values "1" or "2"	
IRS032	State RTN Indicator		1		0 = No State RTN Present; 1 = State RTN found on FOMF; 2	
1113032	State IVIII indicator		'	IN	= State RTN not found on FOMF	
IRS035	State Deposit Account Number		17	ΛNI	Only Valid if IRS024 contains values "1" or "2"	
IRS040	Checking Account		1		"X" or blank	
IRS048	<u> </u>		1		"X" or blank	
IK3040	Savings Account	******	* Indicate		**************************************	
IDCUAO	1		* Indicato	15	"O" = On-Line	
IRS049	On Line state Return	************* Da-	ticinant S	A	O = On-Line	
IRS050	State Numeric Area	rar	27	N	1	
			_		1040 Seq 1380	
VA050-1	Preparer SSN or PTIN		9		,	
VA050-2	Preparer ZID		9		1040 Seq 1440 5	
VA050-3	Preparer ZIP		5	N	1040 Seq 1410-5	
VA050-4	Preparer ZIP +4		4	N	1040 Seq. 1410-4	
IRS052	State Alphanumeric Area		93	AN	NOT HOED	
VA052-1	StAck Mailbox ID		5		NOT USED	
VA052-2	Preparer's Firm Name		35	AN	1040 Seq 1370	
VA052-3	Preparer's Address		30	AN		
VA052-4	Preparer's City		20	AN	1040 Seq 1390	
VA052-5	Preparer's State		2	AN	1040 Seq 1400	
VA052-6	Preparer Self-Employed Ind		1	AN	1040 Seq 1350	

Field	Identification	Line	Length	Type	Edits, Comments & Validations	Changed
IRS055	Spouse's SSN		9	N		
	Special Control				Spouse's SSN;	
					Required Entry for filing statuses 2,3 and 4 (760PY and 763	
					have filing status 4) No Entry allowed for filing status 1.	
	**********	******	Entity Sec	tion *	***************************************	
IRS060	Name Line 1		35	ΔN	Required Entry	
VA060-1	Primary Last Name		20	A	Alpha only. No blank spaces allowed. Left justification.	
V/1000-1	1 mary East Name		20		Hyphen and apostrophe are the only special characters	
					allowed.	
					anowed.	
VA060-2	Filler		12		NOT USED	
VA060-2	Primary Suffix		3	Α	Alpha only. Left justification	
IRS062	Date of Death Primary		8	^	YYYYMMDD	****
IRS065	Name Line 2		35	AN	1111WWWDD	
VA065-1			20	AN	Alpha only. No blank spaces allowed. Left justification	
VA000-1	Secondary Last Name		20	A	Hyphen and apostrophe are the only special characters	
					allowed.	
VA065-2	Filler		10		NOT USED	
VA065-2 VA065-3			12	۸	Alpha only. Left justification	
	Secondary Suffix		3	Α	YYYYMMDD	****
IRS068	Date of Death Secondary		8	A N I	עטואוואו ז ז ז ז ז ז ז ז ז ז ז ז ז ז ז ז ז	
IRS070	Name Line 3		35	AN	Alpha anky Laft justification, may have 1 blank and a between	
VA070-1	Primary First name		16	Α	Alpha only. Left justification. may have 1 blank space between	
					alpha characters. Hyphens are the only special characters	
					allowed.	
				_		
VA070-2	Primary Middle Initial		1	Α	Alpha only	
VA070-3	Secondary First Name		16	Α	Alpha only. Left justification. may have 1 blank space between	
					alpha characters. Hyphens are the only special characters	
					allowed.	
VA070-4	Secondary Middle Initial		1	Α	Alpha only	
VA070-5	Filler		1		NOT USED	
IRS074	In C/O Addressee		35	AN		****
IRS075	Address Line 1		35	AN		
VA075-1	Present Home Address		34	AN	First position may not be blank (space). No more than one	
	(Number street or rural route				space can exist between characters (word	
	and apt. number)				separation). Left justified.	
VA075-2	Filler		1		NOT USED	
IRS077	Foreign Street Address		35	AN	NOT USED	
IRS080	Address Line 2		35	AN		
VA080-1	Alternative Address Line - C/O		34	AN	First position may not be blank (space). No more than one	
	information				space can exist between characters (word	
					separation). Left justified.	
VA080-2	Filler		1		NOT USED	
IRS085	City		22	Α	Required Entry. First position can not be blank	
VA085-1	City, town or PO		20	AN	No more than one space can exist between characters (word	
	2,				separation). Left justified.	
VA085-2	Filler		2		NOT USED	
IRS087	Foreign City State or Province		35	AN	NOT USED	
IRS090	City Code		5	A	NOT USED	
IRS095	State Abbreviation		2	AN		
VA095-1	State		2	A	Required Entry	
IRS098	Foreign Country		22	A	NOT USED	
IRS100	Zip Code		12	N	INOT OULD	
					Required Entry	
VA100-1	9 digit zip code		9	N	I vedanea min à	

Field	Identification	Line	Length	Туре	Edits, Comments & Validations	Changed
VA100-2	Filler		3		NOT USED	
IRS105	County		20	Α		
VA105	Resident VA City or County		20	AN	NOT USED FOR 760	
					Required Entry for 763 and 760PY, must correspond with	
					locality name in locality code list where taxpayer lived on	
					1/1/05.	
IRS110	County Code		5	N		
VA110-1	Locality Code		3	N	Required Entry. Must correspond with 3 digit code, must be	
					all numeric. See table 1 for valid codes.	
VA110-2	City Box		1	AN	NOT USED for 760.	
					760PY and 763 only - "X" or space to indicate locality referred	
					to in fields 110-1 and 105 is a "city".	
VA110-3	County Box		1	AN	NOT USED for 760.	
	,				760PY and 763 only - "X" or space to indicate locality referred	
					to in fields 110-1 and 105 is a "county".	
IRS115	Telephone Number		12	AN	,	
VA115-1	Primary Taxpayer Telephone #		10	N		
V/(110 1	Timary raxpayor receptions ii		10	''	Area code and telephone number of primary taxpayer.	
VA115-2	Filler		2		NOT USED	
IRS120	Primary TP Signature		5	N	NOT OOLD	****
IRS125			5	N		****
IRS125	Spouse Signature ERO EFIN/PIN		11	N		****
IKS 120		******			***************************************	
IDO450		Cons	Istency		n ************************************	
IRS150	Federal Filing Status		1		NOT USED	
IRS155	Total Federal Exemptions		2	N	NOT USED	
IRS160	Wages, Salaries, Tips		12	N	NOT USED	
IRS165	Taxable Interest		12	N	NOT USED	
IRS170	Tax Exempt Interest		12	N	NOT USED	
IRS175	Dividends		12	N	NOT USED	
IRS180	State Refund		12	N	NOT USED	
IRS185	Taxable Soc Sec Benefits		12	N	NOT USED	
IRS190	Keogh Plan and SEP		12	N	NOT USED	
IRS195	Adjusted Gross Income		12		NOT USED	
IRS200	Standard/Itemized Deductions		12		NOT USED	
IRS205	Earned Income Credit		12		NOT USED	
	****************	******* Alpha	numeric	Secti	on ************************************	
IRS 300	Alphanumeric Field 1		80	AN		
VA300-1	Software Developer ID		10	AN	Required Entry.	
VA300-2	Paid Prep name		31	AN		
VA300-3	Prep Phone Number		10	AN		
VA300-4	Non-paid prep		13	AN		
VA300-5	Prep State EIN		16	AN		
IRS 305	Alphanumeric Field 2		80	AN		
VA305-1	Fed. Data Ind. Flag		1		Required Entry. Value = "V" (variable data)	
VA305-2	VA Form Code		1		Required Entry. Values = "L" (form 760)	
17.000 2	With Simi Sous			/	"P" (form 760PY)	
					"N" (form 763)	
VA305-3	VA Filing Status		1	N	Required Entry.	
V /\JUUJ-J	VA I IIIII Status		'	IN	Values = "1" – Single (All Forms)	
					"2" – Married, filing joint; (All Forms)	
					"3" – Married, filing separate; (760 & 760PY only)	
					"3" – Married, spouse has no income from any	
					source (763 only)	
					"4" – Married filing separate return (760PY	
					& 763 only)	

Field	Identification	Line	Length	Туре	Edits, Comments & Validations	Changed
VA305-4	Head of Household		1	AN	Value = "X" if federal filing status is head of household	
VA305-5	Yourself exemption		1		Required Entry.	
V71000 0	rearest exemption				For <b>760</b> Value = 1;	
					For <b>760PY</b> Value = 1 if filing status (Field 305-3) is "1","3" or	
					,	
					"4". Value =2 if filing status is "2";	
					For <b>763</b> Value = 1 if filing status is "1" or "4".	
					Value =2 if filing status is "2" or "3".	
VA305-6	65 or over exemption for		1	N	Required Entry.	
	Primary TP				For <b>760</b> Value = 1 for over 65 years old	
	Timery II				For <b>760PY</b> If filing status is "1", "3" or "4", Value =1 for over	
					65 years. If filing status is "2" and primary and secondary are	
					over 65, Value = 2.	
					For <b>763</b> If filing status is "1" or "4", Value = 1 for over 65	
					years. If filing status is "2" or "3" and primary and secondary	
					are over 65, Value = 2.	
VA305-7	Blind exemption for		1	N	Required Entry.	
	Primary TP				For <b>760</b> Value = space for not blind; Value = 1 for blind	
	Timory II				For <b>760PY</b> If filing status is "1", "3" or "4", Value = space for	
					not blind or Value =1 for blind. If filing status is "2" and	
					_	
					primary and secondary are blind, Value = 2.	
					For <b>763</b> If filing status is "1" or "4", Value = space for not	
					blind or Value = 1 for blind. If filing status is "2" or "3" and	
					primary and secondary are blind,	
					Value = 2.	
VA305-8	Dependents		2	N	Required Entry. Value = 00 through 99	
VA305-9	Total Exemptions		2		Required Entry. Value = 01 through 99	
VA305-3	Spouse's exemption		1	N	Required Entry.	
VA303-10	Spouse's exemption		'	IN	For <b>760</b> If filing status is "1" or "3", Value = space.	
					•	
					If filing status is "2", Value = 1.	
					For <b>760PY</b> If filing status is "4", Value = 1.	
					For <b>763</b> , NOT USED.	
VA305-11	65 or over exemption for		1	Ν	Required Entry.	
	Spouse				For <b>760</b> If filing status is "1", "2" or "3", AND for filing status	
	•				"2" spouse is under 65, Value = space. If filing status is "2"	
					AND spouse is over 65, Value = 1.	
					For <b>760PY</b> If filing status is "4" AND spouse is over 65, Value	
					= 1.	
					For <b>763</b> , NOT USED.	
VA305-12	Blind exemption for Spouse		1	N	Required Entry.	
					For <b>760</b> If filing status is "1", "2" or "3", AND for filing status	
					"2" spouse is not blind, Value = space. If filing status is "2"	
					AND spouse is blind, Value = 1.	
					For <b>760PY</b> If filing status is "4" AND spouse is blind, Value =	
					1.	
					For <b>763</b> , NOT USED.	
1/4005 40	Den and as to			h 1		
VA305-13	Dependents		2	N	For <b>760</b> , NOT USED.	
					For <b>760PY</b> , if filing status is "4", Values = 00 - 99.	
					For <b>763</b> , NOT USED.	
VA305-14	Total Exemptions		2	Ν	For <b>760</b> , NOT USED.	
	•				For <b>760PY</b> , if filing status is "4", Values = 01 - 99.	
					For <b>763</b> , NOT USED.	
VA305-15	Dependent on Another's Rtn		1	Α	Value must = "X" if claimed as a dependent on another's	
V A303-13	Dehendent on Vilotilei 2 Kft		'	Α.		
1/4005 10	E (E. )		4		return or else space.	
VA305-16	Farmer/Fisherman		1	Α	Value = "X" if farmer/fisherman or else space.	1

Field	Identification	Line	Length	Туре	Edits, Comments & Validations	Changed
VA305-17	Overseas when rtn due		1	Α		
					All Forms, Value = "X" if overseas on due date or else space.	
VA305-18	Coalfield Employment		1	Α		
	Enhancement Credit				NOT ALLOWED FOR ELF RETURNS	
VA305-19	Credit Card		1	Α	Value = "X" if paying by credit card or else blank	
VA305-20	Primary TP's business phone		10	Α		
144005 04	number		40		Area Code and number, else spaces	
VA305-21	Spouse's business phone		10	Α	A O-dd	
144005.00	number		-		Area Code and number, else spaces For <b>760</b> , NOT USED.	
VA305-22	Date primary moved to or from		5	N	For <b>760PY</b> , Value = 0MMDD to indicate date taxpayer moved	
	VA				out of VA or Value = 1MMDD to indicate date taxpayer moved	
					in to VA.	
					For <b>763</b> , NOT USED.	
VA305-23	Data Chausa mayed to as from		5	N	For <b>760</b> , NOT USED.	
VA305-23	Date Spouse moved to or from		Э	IN	For <b>760PY</b> , Value = 0MMDD to indicate date spouse moved	
	VA				out of VA or Value = 1MMDD to indicate date spouse moved	
					in to VA.	
					For <b>763</b> , NOT USED.	
VA305-24	Authorization for TAX to discuss		1	Α	All Forms, Value = "X" if tp authorizes TAX to discuss return	
VA303-24	rtn with preparer		'	^	with preparer.	
VA305-25	State of Residence		2	Α	FOR <b>760</b> , NOT USED.	
V/1000-20	State of Residence			Λ	For <b>760PY</b> , NOT USED.	
					For <b>763</b> , Taxpayer's state of residence.	
VA305-26	Name or Filing Change		1	Α	For <b>760</b> , Value = "X" if name, or filing status changed since	
V71000 20	Name of Filling Change		'	,,	last filed return, otherwise blank	
					For <b>760PY</b> , NOT USED.	
					For <b>763</b> , NOT USED.	
VA305-27	Address Change		1	Α	For <b>760</b> , Value ="X" if address has changed since last filed	
	, taan ooc on amgo				return, otherwise blank.	
					For <b>760PY</b> , NOT USED.	
					For <b>763</b> , Value ="X" if name and address has NOT changed	
					since last filed return, otherwise blank.	
VA305-28	VA return not filed last year		1	Α	For <b>760</b> , Value ="X" if VA return was not filed in prior year,	
	•				otherwise blank	
					For <b>760PY</b> , NOT USED.	
					For <b>763</b> , NOT USED.	
VA305-29	Fixed Date Conformity		1	Α	Value ="X" if Fixed Date Conformity adjustments were made	
					to the return.	
VA305-30	Addition from form 760C		1	Α	<b>760 only</b> , Value = X if ADJ/CG Part II field 0060 =X.	
VA305-31	Addition from form 760F		1	Α	<b>760 only</b> , Value = X if ADJ/CG Part II field 0061 =X.	
VA305-32	Prepared by Paid Tax Preparer		1	Α	<b>760 only</b> , Value = X if return was completed by a paid tax	
					preparer.	
VA305-33	Other Subtractions Code 1	760PY, Line44a	2	ΑN		
		763, Line 39a			760PY & 763 only.	****
		-00D\(			Enter valid subtraction code or spaces.	
VA305-34	Other Subtractions Code 2	760PY, Line44b	2	AN		
		763, Line 39b			760PY & 763 only.	****
1/100= ==	01 01:	700DV 11 11			Enter valid subtraction code or spaces.	
VA305-35	Other Subtractions Code 3	760PY, Line44c 763, Line 39c	2	AN	700DV 0 700	****
		7 00, LINE 030			760PY & 763 only.	*****
\(\)	D. 10		1		Enter valid subtraction code or spaces.	
VA305-36	Political Contribution Indicator		1	AN	Used if only Schedule CR credit claimed is the political	
\/^^^	Etter Etra Con		1		contribution credit.	
VA305-37	Filing Election		1		Should equal "0" or "7".	

Field	Identification	Line	Length	Type	Edits, Comments & Validations	Changed
	Disability Income Indicator - Primary	Lille	1		Value = "X" if Diability Income subtraction (760PY line 43, 763	Changed
VA303-30	Disability income malcator - i fimaly		'	AIN	line 37) was taken by primary taxpayer, else space	
V/Δ305_39	Disability Income Indicator - Spouse		1	AN	Value = "X" if Diability Income subtraction (760PY line 43, 763	
V/1000-00	Disability meome maleator - opouse		'	/\l	line 37) was taken by spouse, else space	
V/Δ305_40	Taxpayer Deceased Primary		1	ΔΝ	Value = "X" if primary taxpayer is deceased	
VA303-40	Taxpayer Deceased Trimary		'	AIN	70PY and 763 ONLY	
\/\\205.41	Taxpayer Deceased Spouse		1	ΛNI	Value = "X" if spouse is deceased	
VA303-41	Taxpayer Deceased Spouse		'	AIN	70PY and 763 ONLY	
VA305-42	Vandar ID		5	A N I	NACTP Code OR VA TAX Assigned Vendor Code. This is a	
VA305-42	vendor ID		5	AIN	_	
ID0040	Alabamania Field 2		00		required entry.	
IRS310	Alphanumeric Field 3		80		760DV calls. First day of the year primary towns or a lived in	
VA310-1	Date of residence from primary		8	N	<b>760PY only</b> , First day of the year primary taxpayer lived in	
	tp				VA. Value = MMDDYYYY	
VA310-2	Date of residence to primary tp		8	N	<b>760PY only</b> , Last day of the year primary taxpayer lived in	
					VA. Value = MMDDYYYY	
VA310-3	Date of residence from Spouse		8	N	<b>760PY only</b> , First day of the year spouse lived in VA. Value =	
					MMDDYYYY	
VA310-4	Date of residence to Spouse		8	N	<b>760PY only</b> , Last day of the year spouse lived in VA. Value =	
					MMDDYYYY	
	Federal Adjusted Gross Income	760, Line 1	11	Ν		
		760PY Line 6				
VA310-5		Column B				
		763, Line 6			MUST BE Zero Padded	
	VA310-5 Sign		1	AN	"-" for negative, space for positive number	
VA310-6	Federal Adjusted Gross Income	760PY Line 6,	11	N		
		column A			760PY only, MUST BE Zero Padded	
	VA310-6 Sign		1	AN	"-" for negative, space for positive number	
	Additions	760, Line 2	11	N	ion nogative, operation positive number	
	ridditionio	760PY, Line 7	''		ALL Forms Must be zero padded.	
1/4040 7		column B			·	
VA310-7		763 Line 7			760, Additions from page2 of 760 Field 0059	
					760PY & 763, Additions from Field 565	
	VA310-7 Filler		1	AN	Must equal space	
	Additions	760PY, Line 7,	11	Ν	Must be zero padded.	
VA310-8		column A			<b>760PY only</b> , Additions from Field 570	
	VA310-8 Filler		1	AN	Must equal space	
IRS 315	Alphanumeric Field 4		80			
	Subtotal	760, Line 3	11	N		
		760PY Line 8				
VA315-1		column B			All FORMS - The sum of Fields 310-5 and 310-7. MAY BE	
		763 Line 8			NEGATIVE.	
	VA315-1 Sign		1	AN	"-" for negative, space for positive number	
	Subtotal	760PY, Line 8,	11		Must be zero padded.	
VA315-2	Cabiciai	column A	''	14	<b>760PY only</b> , Sum of Fields 310-6 and 310-8.	
V, 10 10 2	VA315-2 Sign		1	AN	"-" for negative, space for positive number	
VA315-3	Age deduction for	760, Line 4a	5	N	101 Hogalito, opaco for positive number	
V-010-0	_	760PY, Line 38	ن	IN		
	primary taxpayer	Column B			Must be zero padded.	
		763, Line 33b			iviusi be zero pauded.	
		Column B			(Conformalizations)	
1/201= :		700 1: 4:			(See form instructions)	
VA315-4	Age deduction for Spouse	760, Line 4b 760PY Line 38,	5	N		
		Column A				
		763, Line 33b			Must be zero padded.	
		Column A				
					(See form instructions)	

Field	Identification	Line	Length	Type	Edits, Comments & Validations	Changed
VA315-5	Combined Age Deduction	763, Line 33c	5		Must be zero padded.	you
77.0100	Combined Age Deddellon	,		.,	<b>763 only</b> , sum of Fields 315-3 and 315-4.	
	Social Security & Tier I Railroad	760, Line 5	11	N	Must be zero padded.	
	Retirement claimed on Federal	760PY, Line 42,		••	'	
VA315-6	return as income	Column B			Enter only the amount of Social Security or Tier I Railroad	
		763, Line 36			Retirement included in FAGI (Field 310-5)	
	VA315-6 Filler		1	AN	Must equal space	
	State Tax Refund claimed on	760, Line 6	11	N	Must be zero padded.	
	Federal return as income	760PY, Line 39,				
VA315-7		Column B 763, Line 34			Enter only the amount of State Tax Refund included in FAGI	
		700, Ellic 04			(Field 310-5).	
	VA315-7 Filler		1	AN	Must equal space	
	Other Subtractions	760, Line 7	11	N	Must be zero padded.	
		760PY, Line 9,				
VA315-8		Column B 763, Line 9			760, Must match page 2 of 760 Field 0069.	
		703, Line 9			<b>760PY &amp; 763</b> , Must match field 670.	
	VA315-8 Filler		1	AN	Must equal space	
VA315-9	Filler		5		NOT USED.	
IRS 320	Alphanumeric Field 5		80			
.,	Total Subtractions	760, Line 8	11	N	<b>760 only</b> , Must be the sum of Fields 315-3, 315-4, 315-6, 315	
VA320-1					7 and 315-8. Must be zero padded.	
	VA320-1 Filler		1		Must equal space	
	Total Virginia Adjusted Gross	760, Line 9 760PY Line 10,	11	N	Must be zero padded.	
	Income	Column B			For 760, the difference between Fields 320-1 and 315-1).	
VA320-2		763, Line 10			For 760PY & 763, the difference between Fields 315-1 and	
					315-8.	
	VA320-2 Sign		1	AN	"-" for negative, space for positive number	
	Subtractions	760PY, Line 9,	11	Ν		
VA320-3		Column A			Must be zero padded.	
					<b>760PY only</b> , filing status 4 only. Subtractions from Field 675.	
	VA320-3 Filler	7000)(   ;   40	1		Must equal space	
	Virginia Adjusted Gross Income	760PY, Line 10, Column A	11	N	Must be zero padded.	
VA320-4		Column A			<b>760PY only</b> , filing status 4 only. The difference between Field	
771020 1					315-2 and Field 320-3.	
	VA320-4 Sign		1	AN	"-" for negative, space for positive number	
	Federal Itemized Deductions	760, Line 10a	11	N	Must be zero padded.	
		763, Line 42			iliust de Zero padded.	
VA320-5					760 & 763 only, Total Federal Itemized Deductions claimed	
					on Schedule A.	
	VA320-5 Filler		1	AN	Must equal space	
	State and Local Income Taxes	760. Line 10b	11	N.I.		
	State and Local income raxes	763, Line 43	11	IN	Must be zero padded.	
VA320-6					760 & 763 only, State and Local Income taxes claimed on	
					Schedule A	
	VA320-6 Filler		1	AN	Must equal space	
VA320-7	Filler		8		NOT USED	* المناسلين
IRS325	Alphanumeric Field 6		80	AN		****
IRS330	Alphanumeric Field 7	++++++++	80	AN		****
IDO 050		********* Signed			ion ************************************	
IRS 350	Filler	760PY, Line 11(a)	12	N	NOT USED	
	Standard Deduction	Column A	11	N	For 760PY only Must be zero padded.	
IRS 355					For filing status 4 only.  Portion of Standard Deduction from Field 700 for Spouse	
	IDS 355 Fillor		1	AN	Must equal space	
L	IRS 355 Filler		I	AIN	liviusi equal space	

Field	Identification	Line	Length			Changed
	Itemized Deductions	760PY, Line 11(b)	11	N	For 760PY only Must be zero padded.	
IRS 360		Column B			Portion of Itemized Deductions from Field 715 for Primary	
1110 000					Taxpayer	
	IRS 360 Filler		1		Must equal space	
	Itemized Deductions	760PY, Line 11(b) Column A	11	N	For 760PY only Must be zero padded.	
IRS 365		Column			For filing status 4 only.	
					Portion of Itemized Deductions from Field 715 for Spouse.	
	IRS 365 Filler	700 1: 40	1		Must equal space Must be zero padded. <b>760CG and 763</b>	
	760 & 763	760, Line 10 760PY, Line 11a	11	N	Must be the difference between Field 320-5 and 320-6 for	
	Standard or Itemized Deductions	Column B			itemized deductions or the standard deduction based on the	
IRS 370	760PY	763, Line 44			filling status.	
IKS 3/0	Standard Deduction Amount				<b>760PY</b> , Portion of standard Deduction from Field 700 for	
					primary taxpayer.	
	IRS 370 Filler		1	AN	Must equal space	
	Personal Exemption Amount	760CG,Line 11	11	N	Wide equal space	
	1 Gradital Exemption Amount	760PY, Line 12	'''	11		
IRS 375		Column B			Must be zero padded	
		763, Line 12			mac so zoro paddod	
	IRS 375 Filler		1	AN	Must equal space	
	Personal Exemption Amount	760PY, Line 12	11		For 760PY only. Must be zero padded	
IRS 380	, and the second	Column A			For filing status 4 only.	
	IRS 380 Filler		1	AN	Must equal space	
	Child & Dependent Care	760CG, Line 12	11	N	Must be zero padded	
	·	760PY, Line 13				
IRS 385		Column B 763, Line 13			Enter amount used to compute federal child care credit while	
		700, EIIIC 10			a Virginia resident.	
	IRS 385 Filler		1	AN	Must equal space	
	Child & Dependent Care	760PY, Line 13	11	N	For 760PY only. Must be zero padded	
		Column A			For filing status 4 only.	
IRS 390					Enter amount that was used to compute Federal credit that	
					was paid while a Virginia resident.	
	IRS 390 Filler	70000 15- 40	1		Must equal space Must be zero padded 760CG	
	Subtotal	760CG, Line 13 760PY, Line 14	11	N	Field 370 PLUS Fields 375 and 385.	
		Column B			763	
IRS 395		763, Line 14			Field 540 PLUS Fields 375 and 385	
INO 393					760PY	
					Field 370/360 PLUS 375 and 385	
	IRS 395 Filler		1	AN	Must equal space	
	Subtotal	760PY, Line 14	11	N	For 760PY only Must be zero padded	
	Castotal	Column A			For filing status 4 only.	
IRS 400					Field 355 or 365, PLUS 380 and 390.	
	IRS 400 Filler		1	AN	Must equal space.	
	Virginia Taxable Income	760CG, Line 14	11	N		
	_	760PY, Line 15			Must be zero padded	
IRS 405		Column B 763, Line 15			760CG	
		700, LINE 10			Field 320-2 LESS Field 395.	
	IRS 405 Sign		1	AN	"-" for negative, space for positive number	
	Virginia Taxable Income	Line 15	11	N	760PY only. Must be zero padded	
		Column A			For filing status 4 only.	
IRS 410					Field 320-4 LESS Field 400.	
					May be negative or zero.	
	IRS 410 Sign		1	AN	"-" for negative, space for positive number	

Field	Identification	Line	Length	Type	Edits, Comments & Validations	Changed
	Percentage	Line 16	11	N	For 763 only. Must be zero padded	
IRS 415					Must equal Field 865.	
	IRS 415 Filler		1	AN	Must equal space	
	Nonresident Taxable Income	Line 17	11	N	For 763 only. Must be zero padded	
IRS 420					Multiply Field 405 by Field 415.	
	IRS 420 Sign		1		"-" for negative, space for positive number	
	Tax	760CG, Line 15 760PY, Line 16	11	N	Must be zero padded	
IRS 425		Column B			Must equal Taxable income (Field 405) multiplied by	
		763, Line 18			appropriate tax rate. If result is negative, change to zero.	
	IRS 425 Filler		1	AN	Must equal space	
	Primary Virginia Adjusted Gross	Line 16a	11	N	760CG only. Must be zero padded	
IRS 430	Income				For filing status 2 only.	
	IRS 430 Sign		1	AN	"-" for negative, space for positive number	
	Spouse's Virginia Adjusted Gross	Line 16b	11	N	760CG only. Must be zero padded	
IRS 435	Income				For filing status 2 only.	
	IRS 435 Sign		1	AN	"-" for negative, space for positive number	
	Spouse Tax Adjustment	Line 16	11	N		
	,				760CG only. Must be zero padded	
IRS 440					For filing status 2 only.	
					May not exceed \$259. See instructions booklet for worksheet.	
	IRS 440 Filler		1	AN	Must equal space	
	Net Amount of Tax	Line 17	11	N	Must be zero padded 760CG	
IRS 445					Must be the difference between Fields 425 and 440. <b>760PY</b>	
					Must equal sum of Field 425 and Field 585.	
	IRS 445 Filler		1	AN	Must equal space	
	Primary tp's VA withholding	760CG, Line 18a 760PY, Line 18(a)	11	N		
IDO 450		763, Line 19(a)			Must be zero padded	
IRS 450					Virginia withholding for primary taxpayer.	
	IRS 450 Filler		1		Must be space	
	Spouse's VA withholding	760CG Line 18b	11	N	Must be zero padded	
IRS 455		760PY Line 18b 763, Line 19b			Spouse's Withholding ALL FORMS	
	IRS 455 Filler		1	AN	Must be space	
IRS 460	FILLER		12	N	NOT USED.	
IRS 465	Estimated tax payments	760CG, Line 19 760PY, Line 18(c) 763, Line 19(c)	11	N		
					Must be zero padded	
	IRS 465 Filler		1	AN	Must be space	
IDO 470	Extension payments	760CG, Line 20 760PY, Line 18(d) 763, Line 19(d)	11	N		
IRS 470		,			Must be zero padded	
	IRS 470 Filler		1	AN	Must be space	

Field	Identification	Line	Length	Type	Edits, Comments & Validations	Changed
IRS 475	Tax Credit for Low Income Individuals	760CG, Line 21 760PY, Line 18(e) 763, Line 19(e)	11	N.1	Must be zero padded Value = \$300 per qualifying exemptions or the amount of Tax (Field 445), whichever is less. 760CG page 2 must be included in unformatted record if there is an entry in this field. Qualifying exemptions are Yourself + Spouse + Dependents. This credit may not be claimed if the following are claimed: Virginia National Guard Subtraction Military Pay Subtraction State and Federal Employee Subtraction Blind or 65+ exemptions Age Deduction The total Family Virginia Adjusted Gross Income reported by taxpayer, spouse and any dependents must be equal to or below the Federal poverty threshold. The Federal Poverty Thresholds are: Exemptions Threshold  1 \$9,570 2 12,830 3 16,090 4 19,350 5 22,610 6 25,870 For each additional person, spouse and dependent	****
					exemption, add \$3,260 to the poverty threshold.	
IRS 480	IRS 475 Filler Credit for Tax paid to another state	760CG, Line 22 760PY, Line 18(f) 763, Line 19(f)	1 11	AN N	Must be space  Must be zero padded Only valid for MD and NC out of state tax credits.	****
	IRS 480 Filler		1	AN	Must be space	
IRS 485	Other Credits	760CG, Line 23 760PY, Line 18(g) 763, Line 19(g)	11		Must be zero padded. Credits from Schedule CR (Field 485) cannot be greater than \$25 when Filing Status (Field 305-3) is 1 or 3 and \$50 when Filing Status (Field 305-3) is 2 or 4.	
IRS 490	IRS 485 Filler Total payments and credits	760CG, Line 24 760PY, Line 19 763, Line 20	1 11	N	Must be space Must be zero padded. Must be the sum of Fields 450, 455, 465, 470, 475, 480 and 485.	
	IRS 490 Filler		1	AN	Must be space	
IRS 495	Tax you owe	760CG, Line 25 760PY, Line 20 763, Line 21	11		Must be zero padded.  If Field 445 is greater than Field 490, this must equal the difference.	
	IRS 495 Filler		1	AN	Must be space	
IRS 500	Tax you overpaid	760CG, Line 26 760PY, Line 21 763, Line 22	11		Must be space  Must be zero padded.  If (Field 490 is greater than Field 445, this must equal the difference.	
	IRS 500 Filler Addition to tax, penalty, and interest	760PY, Line 22	1 11		Must be space Must be zero padded.	
IRS 505	from Schedule NPY IRS 505 Filler	763, Line 23	1	AN	From Schedule NPY. Must be space	

Field	Identification	Line				Changed
IRS 510	Credit to next year's estimated	760CG, Line 27 760PY, Line 23 Column B 763, Line 24	11	N	Must be serial to at loss than Tax everpoid (Field 500)	
	IRS 510 Filler	760CG, Line 28	1 11		Must be equal to or less than Tax overpaid (Field 500).  Must be space  Must be zero padded.	
IRS 515	Adjustments from Schedule ADJ Part 2 760PY and 763 Contributions and Consumer's Use	760PY, Line 24 763, Line 25	''	IN	<b>760CG</b> Must equal Field 0081 of Schedule ADJ part 2. <b>760PY and 763</b>	
	Tax from Schedule NPY IRS 515 Filler		1	AN	From Schedule NPY Must be space	
IRS 520	Addition to tax, penalty, and interest plus amount to be credited to next year's estimated taxes plus contributions and consumer's use	760PY, Line 25 763, Line 26	11	N	Must be zero padded.  Must be the sum of Field 505, Field 535, Field 510, and Field 515.	
	tax from Schedule NPY IRS 520 Filler		1	ΛNI	Must be space	
	Amount Due	760 - No Line # 760PY, Line 26 763, Line 27	11	AIN	Must be space Must be zero padded.  760CG  If Field 495 is significant, add Fields 495, 510 and 515.  OR  If Field 500 significant and Field 510 PLUS 515 is larger than	
IRS 525					Field 500, enter the difference. <b>760PY and 763</b> If Field 495 is significant, add Field 495 and Field 520 OR if Field 500 is significant and Field 520 is larger than Field 500, enter the difference.	
	IRS 525 Filler		1	AN	Must be space	
IRS 530	Refund	760 - NO Line Number 760PY, Line 27 763, Line 28	11		Must be zero padded. <b>760CG</b> If Field 500 is greater than the sum of Fields 510 and 515, enter Field 500 LESS (510 PLUS 515) . <b>760PY and 763</b>	
	IRS 530 Filler		1	AN	If Field 500 is larger than Field 520, enter the difference.  Must be space	
IRS 535	Amount to be credited to 2003 Estimated	Line 23 Column A	11		Must be zero padded. <b>760PY only.</b> Must be equal to or less than Tax You Overpaid (Field 500),  LESS field 510.	
	IRS 535 Filler		1	AN	Must be space	
IRS 540	Deductions	763 Line 11	11	N	763 only. Must equal Field 880 or Field 370.	
	IRS 540 Filler	760PY, Line 34	1		Must be space 760PY and 763	
IRS 545	Interest	Column B 763, Line 29	11	N	Interest on obligations of other states exempt from federal tax and earned while a VA resident.	
	IRS 545 Filler	760PY, Line 34	1 11		Must be space 760PY only.	
IRS 550	Interest	Column A	11	IN IN	For filing status 4 only. Interest on obligations of other states exempt from federal tax and earned while a VA resident.	
	IRS 550 Filler		1	AN	Must be space	

d Field 555. d Field 555.
d Field 555.
d Field 333.
II.
d Field 560.
d as income on the federal
esident.
,_ ,_ ,_ ,_ ,_ ,_ ,_ ,_ ,_ ,_ ,_ ,_ ,_
ual Taxable income (Field
x rate.
bligations or securities of the
ident exempt from state
income tax.
dividends or gains on
S received while a Virginia
ne tax, but not from federal
ly the amount of Social
ment included in FAGI (Field
resident.
a Virginia resident wages that
u of wages) on account of
u or wages) on account or
n both the age deduction and
t id id

Field	Identification	Line	Length	Туре	Edits, Comments & Validations	Changed
	IRS 610 Filler		1		Must be space	
IRS 615	Disability income	760PY, Line 43 Column A	11	N	<b>760PY only.</b> Disability income received while a Virginia resident wages that was reported(or payments in lieu of wages) on account of permanent and total disability.  NOTE: Neither spouse can claim both the age deduction and the subtraction for disability income on the Virginia return.	
	IRS 615 Filler		1	AN	Must be space	
IRS 620	Fixed Date Conformity Addition	760PY, Line 33 Column B 763, Line 31	11	N		
IRS 625	IRS 620 Filler Fixed Date Conformity Addition Spouse	760PY, Line 33 Column A	11	N	Must be space 760PY only	
	IRS 625 Filler Fixed Date Conformity Subtraction	760PY, Line 37 Column B	11	AN N	Must be space	
IRS 630	IDO 000 E'II	763, Line 38	4	4 5 1		
	IRS 630 Filler	760PY Line 37	1 11		Must be space	
IRS 635	Fixed Date Conformity Subtraction - Spouse	Column A		N	760PY only	
	IRS 635 Filler Subtraction Amount 1	760PY, Line 44a Column B	11	AN N	Must be space	
IRS 640	IRS 640 Filler	763, Line 39a	1	AN	Must be space	
	Subtraction Amount 1A	760PY, Line 44a	11	N	760PY only.	
IRS 645		Column A			For filing status 4 only.	
	IRS 645 Filler	760PY, Line 44b	1	AN	Must be space	
IRS 650	Subtraction Amount 2	Column B 763, Line 39b	11	N		
	IRS 650 Filler		1	AN	Must be space	
IRS 655	Subtraction Amount 2A	760PY, Line 44b Column A	11		760PY only. For filing status 4 only.	
	IRS 655 Filler Subtraction Amount 3	760PY, Line 44c Column B	11	AN N	Must be space	
IRS 660	100 000 Fill	763, Line 39c				
	IRS 660 Filler	760PY, Line 44c	1		Must be space	
IRS 665	Subtraction Amount 3A	Column A	11	N	760PY only. For filing status 4 only.	
	IRS 665 Filler	700D) ( ) ( ) ( )	1		Must be space	
IRS 670	Total Subtractions	760PY, Line 45 Column B 763, Line 40	11	N	<b>760PY</b> Must be the sum of Fields 315-3, 315-7, 580, 595, 315-6, 610, 620, 640, 650 and 660. <b>763</b> Must be the sum of Fields 315-5, 315-7, 595, 315-6, 610, 620, 640, 650 and 660.	
	IRS 670 Filler		1	AN	Must be space	
IRS 675	Total Subtractions	760PY, Line 45 Column A	11		<b>760PY only. For filing status 4 only.</b> Must be the sum of Fields 315-4, 575, 590, 600, 605, 615, 625, 645, 655 and 665.	

Field	Identification	Line	Length	Туре	Edits, Comments & Validations	Changed
	IRS 675 Filler		1	AN	Must be space	
	Fixed Date Conformity Federal	760PY, Line 46(a)	11	N	760PY only.	
IRS 680	Adjusted Gross Income				Must equal Field 785 plus Field 750.	
	IRS 680 Filler		1	AN	Must be space	
	Income attributable to period of	760PY, Line 46(b)	11	N	760PY only.	
IRS 685	residence outside of Virginia				Must equal Field 855 plus Field 820.	
	IRS 685 Filler		1		Must be space	
	Percentage of full standard	760PY, Line 46(c)	11	Ν	760PY only.	
IRS 690	deduction				Divide Field 685 by Field 680 and enter to one decimal place-	
11 (0 000					12.2% enter as 00000000122.	
	IRS 690 Filler		1		Must be space	
IRS 695	Full standard deduction	760PY, Line 46(d)	11		See Instructions	****
	IRS 695 Filler		1		Must be space	
	. and your portornage or rain standard	760PY, Line 46(e)	11	N	760PY only.	
IRS 700	deduction				Multiply Field 695 by line Field 690 and enter result.	
	IRS 700 Filler	=00D\( 1 \ 1 \ 1 \ 1	1		Must be space	
	Itemized Deductions	760PY, Line 47(a)	11	N	760PY only.	
IRS 705					Enter portion of Federal itemized deductions that were paid	
					while a Virginia resident.	
	IRS 705 Filler	7000)/ 1: 47/1)	1		Must be space	
	State & Local Income Taxes	760PY, Line 47(b)	11	N	760PY only.	
IRS 710					Enter portion of State & Local Income Taxes included in Field	
	IDO 740 E'II.		4	A	705.	
	IRS 710 Filler	760PY, Line 47(c)	1		Must be space 760PY only.	
IRS 715	Virginia Itemized Deductions	700F1, LINE 47(C)	11	N	Must be the difference between Field 705 and Field 710.	
IKS / IS	IRS 715 Filler		4	A N I	Must be space	
		760PY, Line 28(a)	1 11	AN N	Must be space	
	Wages, salaries, tips and other	Column B1	11	IN		
	compensation	763, Line 45				
IRS 720		Column A			Wages, salaries, tips and other compensation as reported on	
					Federal return.	
	IRS 720 Filler		1	AN	Must be space	
	760PY	760PY, Line 28(b)	11	N	760PY	
	Interest and dividends	Column B1		11	Interest and dividends as reported as income on Federal	
	763	763, Line 46			return.	
IRS 725	Interest	Column A			763	
	mercot				Interest as reported as income on Federal return.	
	IRS 725 Filler		1	AN	Must be space	
	760PY	760PY, Line 28(c)	11		760PY	
	Pension and other income	Column B1			Pension and other income as reported as income on Federal	
IDC 720	763	763, Line 47			return.	
IRS 730	Dividend	Column A			763	
					Dividends as reported as income on Federal return.	
	IRS 730 Filler		1	AN	Must be space	
	760PY	760PY, Line 29	11	N	760PY	
	Gross income	Column B1			Must be the sum of Field 720, Field 725 and Field 730.	
IRS 735	763	763, Line 48 Column A			763	
	Alimony	Column A			Alimony as reported on Federal return.	
	IRS 735 Filler		1	AN	Must be space	
	760PY	760PY, Line 30	11	N		
	Adjustments to income: moving	Column B1 763, Line 49			760PY	
IRS 740	expenses	Column A			Federal moving expenses	
	763				763	
	Business income or (loss)				Business income or (loss) as reported on Federal return.	

Field	Identification	Line	Length	Туре	Edits, Comments & Validations	Changed
	IRS 740 Filler		1	AN	Must be space	
	760PY	760PY, Line 31	11	N	760PY	
	Other income adjustments	Column B1			Other Federal income adjustments.	
IRS 745	763	763, Line 50 Column A			763	
IKS 143	Capital gain or (loss)/distribution	Columna			Capital gain or (loss)/distribution as reported on Federal	
					return.	
	IRS 745 Filler		1	AN	Must be space	
	760PY	760PY, Line 32	11	N	760PY	
	Adjusted Gross Income	Column B1			Must equal Field 735 less Field 740 and Field 745.	
IRS 750	763	763, Line 51 Column A			763	
	Other gains or (losses)	Column A			Other gains or (losses) as reported on Federal return.	
	IRS 750 Filler		1	AN	Must be space	
	760PY	760PY, Line 28(a)	11	N	760PY.	
	Wages, salaries, tips and other	Column A1			For filing status 4 only.	
	compensation	763, Line 52			Wages, salaries, tips and other compensation as reported on	
IDO 755	763	Column A			Federal return for spouse.	
IRS 755	Taxable pensions, annuities and IRS				763	
	distributions				Taxable pensions, annuities and IRS distributions as reported	
	diotrio di orio				on Federal return.	
	IRS 755 Filler		1	AN	Must be space	
	760PY	760PY, Line 28(b)	11	N	760PY	
	Interest and dividends	Column A1			For filing status 4 only.	
	763	763, Line 53			Interest and dividends as reported as income on Federal	
100 700	Rents, royalties, partnerships,	Column A			return for spouse.	
IRS 760	estates, trusts, S corporations etc.				763	
	coldico, fracto, o corporationo etc.				Rents, royalties, partnerships, estates, trusts, S Corporations,	
					etc. as reported on Federal return.	
	IRS 760 Filler		1	AN	Must be space	
	760PY	760PY, Line 28(c)	11	N	760PY	
	Pension and other income	Column A1			For filing status 4 only.	
	763	763, Line 54			Pension and other income as reported as income on Federal	
IRS 765	Farm income or (loss)	Column A			return for spouse.	
	(1000)				763	
					Farm income or (loss) as reported on Federal return.	
	IRS 765 Filler		1	AN	Must be space	
	760PY	760PY, Line 29	11	N	760PY	
100 770	Gross income	Column A1			For filing status 4 only.	
IRS 770					Must be the sum of Field 755, Field 760 and Field 765.	
	IRS 770 Filler		1	AN	Must be space	
	760PY	760PY, Line 30	11	N	760PY	
	Adjustments to income: moving	Column A1			For filing status 4 only.	
100 775	expenses	763, Line 55			Federal moving expenses for spouse.	
IRS 775	763	Column A			763	
	Other income				Other income as reported on Federal return.	
	IRS 775 Filler		1	AN	Must be space	
	760PY	760PY, Line 31	11	N	760PY	
	Other income adjustments	Column A1		•••	For filing status 4 only.	
	<b>763</b>	763, Line 56			Other Federal income adjustments for spouse.	
IRS 780	Interest or obligations of other states	Column A			<b>763</b>	
	from Line 29				Must equal Field 545	
	IRS 780 Filler		1	AN	Must be space	
	11 to 100 1 mol		_ '	, 11 N		<u> </u>

Field	Identification	Line	Length	Туре	Edits, Comments & Validations	Changed
	760PY	760PY, Line 32	11	N		
	Adjusted Gross Income	Column A1			760PY	
	763	763, Line 57 Column A			For filing status 4 only.	
IRS 785	Lump sum	Columnia			Must equal Field 770 less Field 775 and 31 Field 780.	
	distributions/Accumulation				763	
	distributions from Line 30				Must equal Field 555.	
	IRS 785 Filler		1	AN	Must be space	
	760PY	760PY, Line 28(a)	11	N	760PY	
	Wages, salaries, tips and other	Column B2			Wages, salaries, tips and other compensation earned while a	
IDC 700	compensation	763, Line 58 Column A			Virginia resident.	
IRS 790	763	Columnia			763	
	TOTAL				Must be the sum of Field 720 through Field 785.	
	IRS 790 Filler		1	AN	Must be space	
	760PY	760PY, Line 28(b)	11	N	·	
	Interest and dividends	Column B2			760PY	
IDO 705	763	763, Line 45			Interest and dividends earned while a Virginia resident.	
IRS 795	Wages, salaries, tips, etc.	Column B			763	
	rages, cararres, ape, etc.				Virginia wages, salaries, tips, & other compensation.	
	IRS 795 Filler		1	AN	Must be space	
	760PY	760PY, Line 28(c)	11	N	•	
	Pension and other income	Column B2			760PY	
IDO 000	763	763, Line 46			Pension and other income earned while a Virginia resident.	
IRS 800	Interest	Column B			763	
					Virginia interest income.	
	IRS 800 Filler		1	AN	Must be space	
	760PY	760PY, Line 29	11	N	760PY	
	Gross income	Column B2			Must be the sum of line Field 790, Field 795 and Field 800.	
IRS 805	763	763, Line 47			763	
	Dividends	Column B			Virginia Dividend income.	
	IRS 805 Filler		1	AN	Must be space	
	760PY	760PY, Line 30	11	Ν		
	Adjustments to income: moving	Column B2				
IRS 810	expenses	763, Line 48 Column B				
IKS 010	763	Coluitiii b			760PY	
	Alimony				Moving expenses if tp moved to Virginia.	
	IRS 810 Filler		1	AN	Must be space	
	760PY	760PY, Line 31	11	N	760PY	
	Other income adjustments	Column B2			Other income adjustments attributable to Virginia.	
IRS 815	763	763, Line 49 Column B			763	
	Business income or (loss)	Column			Virginia business income or (loss).	
	IRS 815 Filler		1	AN	Must be space	
	760PY	760PY, Line 32	11	Ν	760PY	
	Adjusted Gross Income	Column B2			Must equal Field 805 less Field 810 and Field 815.	
IRS 820	763	763, Line 50 Column B			763	
	Capital gain or (loss)/distribution	COIUIIIII D			Virginia capital gain or (loss)/distribution	
	IRS 820 Filler		1	AN	Must be space	
	760PY	760PY, Line 28(a)	11	Ν	760PY	
	Wages, salaries, tips and other	Column A2			For filing status 4 only.	
	compensation	763, Line 51 Column B			Wages, salaries, tips and other compensation earned by	
IRS 825	763	COIUIIIII D			spouse while a Virginia resident.	
	Other gains or (losses)				763	
					Other Virginia gains or (losses)	
	IRS 825 Filler		1	AN	Must be space	

Field	Identification	Line	Length	Туре	Edits, Comments & Validations	Changed
	760PY	760PY, Line 28(b)	11		760PY	
	Interest and dividends	Column A2			For filing status 4 only. Interest and dividends earned by	
IRS 830	763	763, Line 53 Column B			spouse while a Virginia resident.	
1110 000	Rents, royalties, partnerships,	Coldinii			763	
	estates, trusts, S corporations etc.				Virginia rents royalties, partner, estates, trust, S Corp, etc.	
	IRS 830 Filler		1		Must be space	
	760PY	760PY, Line 28(c) Column A2	11	N	760PY	
	Pension and other income	763, Line 54			For filing status 4 only. Pension and other income earned by	
IRS 835	763	Column B			spouse while a Virginia resident.	
	Farm income or (loss)				763	
	IRS 835 Filler		4	ΛNI	Virginia Farm income or (loss)  Must be space	
	760PY	760PY, Line 29	1 11		760PY	
	Gross income	Column A2	11	IN	For filing status 4 only.	
IRS 840	Gross income				Must be the sum of Field 825, Field 830 and Field 835.	
	IRS 840 Filler		1	AN	Must be space	
	760PY	760PY, Line 30	11		760PY	
	Adjustments to income: moving	Column A2			For filing status 4 only.	
100 045	expenses	763, Line 55			Moving expenses if spouse moved to Virginia.	
IRS 845	763	Column B			763	
	Other income				Other Virginia income	
	IRS 845 Filler		1	AN	Must be space	
	760PY	760PY, Line 31	11	N		
	Other income adjustments	Column A2				
IRS 850	763	763, Line 56 Column B			760PY only.	
IRS 850	Interest or obligations of other states	Coldinii B			For filing status 4 only.	
	from Line 29				Other income adjustments attributable to Virginia.	
	IRS 850 Filler		1		Must be space	
	760PY	760PY, Line 32 Column A2	11	N		
	Adjusted Gross Income	763, Line 57				
100 055	763	Column B			700DV	
IRS 855	Lump sum				760PY	
	distributions/Accumulation				For filing status 4 only.  Must equal Field 840 less Field 845 and Field 850.	
	distributions from Line 30		4	AN	Must be space	
	760PY	760PY,Line 28(a)	11	N AN	760PY	
	Wages, salaries, tips and other	Column B3	11	IN	Wages, salaries, tips and other compensation earned while	
	compensation	763, Line 58			NOT a Virginia resident.	
IRS 860	763	Column B			<b>763</b>	
	Total				Must be the sum of Field 795 through Field 855.	
	IRS 860 Filler		1	AN	Must be space	
	760PY	760PY, Line 28(b)	11	N		
	Interest and dividends	Column B3			760PY	
	763	763, Line 59			Interest and dividends earned while NOT a Virginia resident.	
IRS 865	Nonresident Allocation Percentage				763	
					Divide Field 860 by Field 790. Enter to one decimal place-	
					15% should be entered as 0000000150.	
	IRS 865 Filler		1	AN	Must be space	
	760PY	760PY, Line 28(c)	11	N		
	Pension and other income	Column B3 763, Line 32a			760PY	
IRS 870	763	Column B			Pension and other income earned while a Virginia resident.	
	Taxpayer Date of Birth				763	
					Value as MMDDYYYY	
	IRS 870 Filler		1	AN	Must be space	

Field	Identification	Line	Length	Type		Changed
	760PY	760PY, Line 29	11	N	760PY	
	Gross income	Column B3			Must be the sum of Field 860, Field 865 and Field 870.	
IRS 875	763	763, Line 33a Column A			763	
	Spouse Date of Birth	Column			Value as MMDDYYYY	
	IRS 875 Filler		1	AN	Must be space	
	760PY	760PY, Line 30	11	N		
	Adjustments to income: moving	Column B3			760PY	
IRS 880	expenses	763, Line 41			Moving expenses if tp moved out of Virginia.	
1113 000	763				763	
	Standard Deduction				See Instructions	
	IRS 880 Filler		1	AN	Must be space	
	760PY	760PY, Line 31	11	N	760PY	
	Other income adjustments	Column B3			Other income adjustments attributable to period of residence	
	763	763 line 33			outside of Virginia.	
	Adjusted FAGI				763	
IRS 885	,				All taxpayers born on or after January 2, 1939 and are eligible	
					to claim an age deduction, enter the Adjusted Federal Gross	
					Income (AFAGI) as calculated using the "Age 65 And Older	
					Age Deduction Work Sheet"	
	IRS 885 Filler		1		Must be space	
	760PY	760PY, Line 32	11	N	760PY	
	Adjusted Gross Income	Column B3			Must equal Field 875 less Field 880 and Field 885.	
IRS 890	763	763 line 33			763	
	Spouse's Birth date				Spouse's Birth date MMDDYY left filled with zeroes	
	IRS 890 Filler		1		Must be space	
	Wages, salaries, tips and other	760PY, Line 28(a)	11	N	760PY only	
	compensation	Column A3			For filing status 4 only.	
IRS 895					Wages, salaries, tips and other compensation earned by	
					spouse while NOT a Virginia resident.	
	IRS 895 Filler		1		Must be space	
	Interest and dividends	760PY, Line 28(b)	11	N	760PY only	
		Column A3			For filing status 4 only.	
IRS 900					Interest and dividends earned by spouse while a Virginia	
					resident	
	IRS 900 Filler		1		Must be space	
	Pension and other income	760PY, Line 28(c)	11	N	760PY only	
		Column A3			For filing status 4 only.	
IRS 905					Pension and other income earned by spouse while a Virginia	
					resident.	
	IRS 905 Filler	70000/ 11 00	1		Must be space	
	Gross income	760PY, Line 29 Column A3	11	N	760PY only	
IRS 910		Colullii A3			For filing status 4 only.	
	IDO 040 F.II		4		Must be the sum of Field 895, Field 900 and Field 905.	
	IRS 910 Filler	760DV 1 := - 00	1		Must be space	
	Adjustments to income: moving	760PY, Line 30 Column A3	11	N	760py only	
IRS 915	expenses	Column AS			For filing status 4 only.	
	IDO 045 FILE		4	A & I	Moving expenses if spouse moved out of Virginia.	
	IRS 915 Filler	760DV 1 := - 04	1		Must be space	
	Other income adjustments	760PY, Line 31 Column A3	11	N	760PY only	
IDC 000		Joinin Au			For filing status 4 only.	
IRS 920					Other income adjustments attributable to period of residence	
	IDC 000 Fills		4	A N I	outside of Virginia.	
	IRS 920 Filler		1	AN	Must be space	

Field	Identification	Line	Length	Type	Edits, Comments & Validations	Changed
	Adjusted Gross Income	760PY, Line 32	11	N	760PY only	
IDC 025	•	Column A3			For filing status 4 only.	
IRS 925					Must equal Field 910 less Field 915 and Field 920.	
	IRS 925 Filler		1	AN	Must be space	
	Record Terminus		1	Α	Value="#"	

Field	Identification	Line	Length	Туре	Edits, Comments & Validations	Changed
		****** He	ader Se	ction '	******	
	Byte Count		4		"2732" for fixed; "nnnn" for variable format	****
IRS000	Record ID		6	AN	"STbbbb"	
IRS001	Form Number		6	AN	"0001bb"	
IRS002	Page Number		5	AN	"PG01b"	
IRS003	Primary SSN		9	N	Required Entry. Primary Taxpayer's SSN	
IRS004	Filler		1		blank	
IRS005	Form /Schedule No.		7	N	"000001"	
		****** H	leader E	nds **	*****	
IRS010	State Code		2	Α	"VA"	
IRS011	City Code		2	Α	Reserved for future use	
IRS019	State Only Indicator		2	Α	"SO" (Indicates State Only return data)	
IRS020	Declaration Control Number		14	N	Assigned by filer	
	First two positions		2	N	Value Always "00"	
	EFIN of Originator		6	N	·	
	Batch Number		3	N	(000-999)	
	Serial Number		2	N	(00-99)	
	Year digit		1	N	"6"	****
	******************	******	*****	*****	*********	
IRS023	Return Sequence Number		16	N	Required Entry.	
	ETIN of transmitter		5	N	Must Equal RSN	
	Trans Use Field		2	N	in 1040, A or EZ	
	Julian Date of Tr		3	N	Will be used as filing date of VA return	
	Trans Seq. Number		2	N	(01-99)	
	Seg. Number of Return		4	N	(0001-9999)	
		***** State Dir	ect Depo	sit Se	ection ************************************	
IRS024	Direct Deposit Indicator		1	N	"1" = Direct Deposit; "2" = Direct Debit	
IRS025	Reserved RTN Flag		1	N	Not Used	
IRS027	Direct Debit Date		8	N	YYYYMMDDIRS024 Must equal "2"; else zero or spaces	****
	Direct Debit Amount		11	N	Must be zero padded. IRS024 Must equal "2" and IRS 525	****
IRS028	2.000.200.000		''	• •	Must be > 0.	****
	IRS028 Filler		1	AN	MUST EQUAL SPACE	****
IRS030	Routing Transit		9	N	Only Valid if IRS024 contains values "1" or "2"	
IRS032	State RTN Indicator		1		0 = No State RTN Present; 1 = State RTN found on FOMF; 2	
					= State RTN not found on FOMF	
IRS035	State Deposit Account Number		17	AN	Only Valid if IRS024 contains values "1" or "2"	
IRS040	Checking Account		1		"X" or blank	
IRS048	Savings Account		1		"X" or blank	
	**********	*****	Indicato		*************	
IRS049	On Line state Return		1	A	"O" = On-Line	
		****** Part	icipant S		n ************************************	
IRS050	State Numeric Area		27	N		
VA050-1	Preparer SSN or PTIN		9	AN	1040 Seq 1380	
VA050-2	Preparer EIN		9	AN	1040 Seg 1380	
VA050-3	Preparer ZIP		5	N	1040 Seg 1410-5	
VA050-4	Preparer ZIP +4		4	N	1040 Seq. 1410-4	
IRS052	State Alphanumeric Area		93	AN		
VA052-1	StAck Mailbox ID		5		NOT USED	
VA052-1	Preparer's Firm Name		35	AN	1040 Seg 1370	
VA052-2	Preparer's Address		30	AN		
VA052-3	Preparer's City		20	AN	1040 Seq 1390	
VAUJE-4	1 Topard 3 Oily		20	AIN	1010 004 1000	1

<sup>\*\*</sup> Numeric fields should be padded with zeroes.

VA052-5	Preparer's State	2	AN	1040 Seq 1400	
VA052-6	Preparer Self-Employed Ind	1	AN	1040 Seq 1350	
IRS055	Spouse's SSN	9	N	•	
				Spouse's SSN;	
				Required Entry for filing statuses 2,3 and 4 (760PY and 763	
				have filing status 4) No Entry allowed for filing status 1.	
	************	****** Entity Sec	ction *	*******	
IRS060	Name Line 1	35	AN	Required Entry	
VA060-1	Primary Last Name	20	Α	Alpha only. No blank spaces allowed. Left justification.	
				Hyphen and apostrophe are the only special characters	
				allowed.	
				NOTHOER	
VA060-2	Filler	12		NOT USED	
VA060-3	Primary Suffix	3	Α	Alpha only. Left justification	****
IRS062	Date of Death Primary	8		YYYYMMDD	****
IRS065	Name Line 2	35	AN	Alpha only. No blank spaces allowed. Left justification	
VA065-1	Secondary Last Name	20	Α		
				Hyphen and apostrophe are the only special characters allowed.	
				allowed.	
VA065-2	Filler	12		NOT USED	
VA065-2	Secondary Suffix	3	Α	Alpha only. Left justification	
IRS068	Date of Death Secondary	8	- ' '	YYYYMMDD	****
IRS070	Name Line 3	35	AN		
VA070-1	Primary First name	16	Α	Alpha only. Left justification. may have 1 blank space between	
				alpha characters. Hyphens are the only special characters	
				allowed.	
VA070-2	Primary Middle Initial	1	Α	Alpha only	
VA070-3	Secondary First Name	16	Α	Alpha only. Left justification. may have 1 blank space between	
	•			alpha characters. Hyphens are the only special characters	
				allowed.	
VA070-4	Secondary Middle Initial	1	Α	Alpha only	
VA070-5	Filler	1		NOT USED	
IRS074	In C/O Addressee	35	AN		****
IRS075	Address Line 1	35	AN		
VA075-1	Present Home Address	34	AN	First position may not be blank (space). No more than one	
	(Number street or rural route			space can exist between characters (word	
	and apt. number)			separation). Left justified.	
VA075-2	Filler	1		NOT USED	
IRS077	Foreign Street Address	35	AN	NOT USED	
IRS080	Address Line 2	35	AN	First position may not be blank (space). No more than one	
VA080-1	Alternative Address Line - C/O	34	AN	space can exist between characters (word	
	information				
VA080-2	Filler	1		separation). Left justified.  NOT USED	
IRS085	City	22	٨	Required Entry. First position can not be blank	
VA085-1	City, town or PO	20	AN	No more than one space can exist between characters (word	
VA000-1	Oity, town or 1.0	20	-AIN	separation). Left justified.	
VA085-2	Filler	2		NOT USED	
IRS087	Foreign City State or Province	35	AN	NOT USED	
IRS090	City Code	5	A	NOT USED	
10000	Oily Jour	J	$\overline{}$	1101 0025	

<sup>\*\*</sup> Numeric fields should be padded with zeroes.

IRS095	State Abbreviation	2	AN		
VA095-1	State	2	Α	Required Entry	
IRS098	Foreign Country	22	Α	NOT USED	
IRS100	Zip Code	12	N		
VA100-1	9 digit zip code	9	N	Required Entry	
VA100-2	Filler	3		NOT USED	
IRS105	County	20	Α		
VA105	Resident VA City or County	20	AN	NOT USED FOR 760	
IRS110	County Code	5	N		
VA110-1	Locality Code	3	N	Required Entry. Must correspond with 3 digit code, must be	
	2000			all numeric. See table 1 for valid codes.	
VA110-2	City Box	1	AN	NOT USED for 760.	
	<b>,</b>	-		760PY and 763 only - "X" or space to indicate locality referred	
				to in fields 110-1 and 105 is a "city".	
VA110-3	County Box	1	AN	NOT USED for 760.	
		-		760PY and 763 only - "X" or space to indicate locality referred	
				to in fields 110-1 and 105 is a "county".	
IRS115	Telephone Number	12	AN	· · · · · · · · · · · · · · · · · · ·	
VA115-1	Primary Taxpayer Telephone #	10	N		
	The second secon			Area code and telephone number of primary taxpayer.	
VA115-2	Filler	2		NOT USED	
IRS120	Primary TP Signature	5	N		****
IRS125	Spouse Signature	5	N		****
IRS126	ERO EFIN/PIN	11	N		****
		*********** Consistency		on ************************************	
IRS150	Federal Filing Status	1	N	NOT USED	
IRS155	Total Federal Exemptions	2	N	NOT USED	
IRS160	Wages, Salaries, Tips	12	N	NOT USED	
IRS165	Taxable Interest	12	N	NOT USED	
IRS170	Tax Exempt Interest	12	N	NOT USED	
IRS175	Dividends	12	N	NOT USED	
IRS180	State Refund	12	N	NOT USED	
IRS185	Taxable Soc Sec Benefits	12	N	NOT USED	
IRS190	Keogh Plan and SEP	12	N	NOT USED	
IRS195	Adjusted Gross Income	12	N	NOT USED	
IRS200	Standard/Itemized Deductions	12	N	NOT USED	
IRS205	Earned Income Credit	12	N	NOT USED	
	**************	****** Alphanumeri	Secti	on ************************************	
IRS 300	Alphanumeric Field 1	80	AN		
VA300-1	Software Developer ID	10	AN	Required Entry.	
VA300-2	Paid Prep name	31	AN		
VA300-3	Prep Phone Number	10	AN		
VA300-4	Non-paid prep	13	AN		
VA300-5	Prep State EIN	16	AN		
IRS 305	Alphanumeric Field 2	80	AN		
VA305-1	Fed. Data Ind. Flag	1	AN	Required Entry. Value = "V" (variable data)	
VA305-2	VA Form Code	1	AN	Required Entry. Values = L (form 760)	
VA305-3	VA Filing Status	1	N	Required Entry.	
				Values = "1" – Single	
				"2" – Married, filing joint	
				"3" - Married, filing separate	
VA305-4	Head of Household	1	AN	Value = "X" if federal filing status is head of household	

<sup>\*\*</sup> Numeric fields should be padded with zeroes.

VA305-5	Yourself exemption	1	N	Required Entry.	
V71000 0	rodiscii exemption	'		For <b>760</b> Value = 1	
VA305-6	65 or over exemption for	1	N	Required Entry.	
V71000 0	Primary TP	'	1	For <b>760</b> Value = 1 for over 65 years old	
VA305-7	Blind exemption for	1	N	Required Entry.	
V71000 7	Primary TP	'		For <b>760</b> Value = space for not blind; Value = 1 for blind	
VA305-8	Dependents	2	N	Required Entry. Value = 00 through 99	
VA305-9	Total Exemptions	2	N	Required Entry. Value = 01 through 99	
VA305-10	Spouse's exemption	1	N	Required Entry.	
V71000 10	opodoo o oxemption	'		<b>760</b> If filing status is "1" or "3", Value = space.	
				If filing status is "2", Value = 1.	
VA305-11	65 or over exemption for	1	N	Required Entry.	
V/1303-11	Spouse	'	11	760 If filing status is "1", "2" or "3", AND for filing status "2"	
	Spouse			spouse is under 65, Value = space. If filing status is "2" AND	
				spouse is over 65, Value = 1.	
VA305-12	Blind exemption for Spouse	1	N	Required Entry.	
VA303-12	blind exemption for opouse	'	IN	760 If filing status is "1", "2" or "3", AND for filing status "2"	
				spouse is not blind, Value = space. If filing status is "2" AND	
				spouse is blind, Value = 1.	
VA305-13	Dependents	2	N	<b>760</b> , NOT USED.	
VA305-13	Total Exemptions	2	N	760, NOT USED.	
VA305-14 VA305-15	Dependent on Another's Rtn	1	A	Value must = "X" if claimed as a dependent on another's	
VA303-13	Dependent on Another's Ittil	1		return or else space.	
VA305-16	Farmer/Fisherman	1	Α	Value = "X" if farmer/fisherman or else space.	
VA305-10 VA305-17	Overseas when rtn due	1	A	Value = "X" if overseas on due date or else space.	
VA305-17 VA305-18	Coalfield Employment	1	A	value - X il overseas on due date of else space.	
VA303-10	Enhancement Credit	'	Α.	NOT ALLOWED FOR ELF RETURNS	
VA305-19	Credit Card	1	Α	Value = "X" if paying by credit card or else blank	
VA305-19 VA305-20	Primary TP's business phone	10	A	value - X ii paying by credit card of class blank	
VA303-20	number	10	Α.	Area Code and number, else spaces	
VA305-21	Spouse's business phone	10	Α	Area Gode and number, else spaces	
VA303-21	number	10	Α.	Area Code and number, else spaces	
VA305-22	Date primary moved to or from	5	N	Area Gode and number, else spaces	
VA303-22	VA	3	IN	<b>760</b> , NOT USED.	
VA305-23	Date Spouse moved to or from	5	N	100, NOT GOLD.	
VA303-23	·	5	IN	<b>760</b> , NOT USED.	
VA305-24	VA Authorization for TAX to discuss	1	Α	Value = "X" if tp authorizes TAX to discuss return with	
VA303-24		'	Α.	preparer.	
VA305-25	rtn with preparer State of Residence	2	Α	760, NOT USED	
VA305-25 VA305-26	Name or Filing Change	1	A	760, Value = "X" if name, or filing status changed since last	
VA303-20	Name of Filling Change	1	_ ^	filed return, otherwise blank	
VA305-27	Address Change	1	Α	760, Value ="X" if address has changed since last filed return,	
V/\JUU-Z1	Addiess Change	1	_ ^	otherwise blank.	
VA305-28	VA return not filed last year	1	Α	760, Value ="X" if VA return was not filed in prior year,	
V /\JUJ-Z0	VA Teturn not liled last year	1	_ ^	otherwise blank	
VA305-29	Fixed Date Conformity	1	Α	Value ="X" if Fixed Date Conformity adjustments were made	
V /\303-28	I INEU Date Comornity	1	Α.	to the return.	
VA305-30	Addition from form 760C	1	Α	Value = X if ADJ/CG Part II field 0060 =X.	
VA305-30 VA305-31	Addition from form 760F	1		Value = X if ADJ/CG Part II field 0000 –X.	
		1	A	value - A II ADVICO FAIL II IIBIU 0001 -A.	
VA305-32	Prepared by Paid Tax Preparer	1	Α	Value = X if return was completed by a paid tax preparer.	
VA305-33	Other Subtractions Code 1	0	ΛNI	, , , , ,	****
VA3U3-33	Other Subtractions Code 1	2	AN	<b>760</b> , NOT USED	

<sup>\*\*</sup> Numeric fields should be padded with zeroes.

VA305-34	Other Subtractions Code 2		2	AN	<b>760</b> , NOT USED	****
VA305-35	Other Subtractions Code 3		2	AN	760, NOT USED	****
VA305-36	Political Contribution Indicator		1	AN	Used if only Schedule CR credit claimed is the political	
					contribution credit.	
VA305-37	Filing Election		1		Should equal "0" or "7".	
VA305-38	Disability Income Indicator - Primary		1	AN		
					760, NOT USED	
VA305-39	Disability Income Indicator - Spouse		1	AN		
					760, NOT USED	
	Taxpayer Deceased Primary		1	AN	760, NOT USED	
VA305-41	Taxpayer Deceased Spouse		1	AN		
VA305-42	Vendor ID		5	AN	NACTP Code OR VA TAX Assigned Vendor Code. This is a	
					required entry.	
	Alphanumeric Field 3		80			
VA310-1	Date of residence from primary		8	N		
	tp				760, NOT USED	
VA310-2	Date of residence to primary tp		8	N		
					760, NOT USED	
VA310-3	Date of residence from Spouse		8	N		
					760, NOT USED	
VA310-4	Date of residence to Spouse		8	N	760, NOT USED	
	Federal Adjusted Gross Income	760, Line 1	11	N		
VA310-5					MUST BE Zero Padded	
	VA310-5 Sign		1	AN	"-" for negative, space for positive number	
VA310-6	Federal Adjusted Gross Income		11	N		
					760, NOT USED	
	VA310-6 Sign		1	AN	760, NOT USED	
	Additions	760, Line 2	11	N		
VA310-7					Must be zero padded.	
					760, Additions from page2 of 760 Field 0059	
	VA310-7 Filler		1	AN	Must equal space	
\/A240.0	Additions		11	N	760, NOT USED	
VA310-8	VA310-8 Filler		1	AN	760, NOT USED	
IRS 315	Alphanumeric Field 4		80			
\/A 24 E 4	Subtotal	760, Line 3	11	N	The sum of Fields 310-5 and 310-7. MAY BE NEGATIVE.	
VA315-1	VA315-1 Sign		1	AN	"-" for negative, space for positive number	
\/ <b>\</b> 21E 2	Subtotal		11	N	760, NOT USED	
VA315-2	VA315-2 Sign		1	AN	760, NOT USED	
VA315-3	Age deduction for	760, Line 4a	5	N	Must be zero padded.	
	primary taxpayer					
					(See form instructions)	
VA315-4	Age deduction for Spouse	760, Line 4b	5	N	Must be zero padded.	
					(See form instructions)	
VA315-5	Combined Age Deduction		5	N	760, NOT USED	
	Social Security & Tier I Railroad	760, Line 5	11	N	Must be zero padded.	]
	Retirement claimed on Federal					
VA315-6	return as income				Enter only the amount of Social Security or Tier I Railroad	
					Retirement included in FAGI (Field 310-5)	
	VA315-6 Filler		1	AN	Must equal space	

<sup>\*\*</sup> Numeric fields should be padded with zeroes.

	State Tax Refund claimed on	760, Line 6	11	N	Must be zero padded.	
	Federal return as income				Enter only the consumt of Chate Tay Defined included in EACL	
VA315-7					Enter only the amount of State Tax Refund included in FAGI (Field 310-5).	
	VA315-7 Filler		1	AN	Must equal space	
	Other Subtractions	760, Line 7	11	N	Must be zero padded.	
VA315-8					760, Must match page 2 of 760 Field 0069.	
	VA315-8 Filler		1	AN	Must equal space	
VA315-9	Filler		5		NOT USED.	
IRS 320	Alphanumeric Field 5		80			
VA320-1	Total Subtractions	760, Line 8	11	N	Must be the sum of Fields 315-3, 315-4, 315-6, 315-7 and 315-8. Must be zero padded.	
	VA320-1 Filler		1	AN	Must equal space	
	Total Virginia Adjusted Gross	760, Line 9	11	N		
	Income					
VA320-2					Must be zero padded.	
					the difference between Fields 320-1 and 315-1).	
	VA320-2 Sign		1	AN	"-" for negative, space for positive number	
1/4200.2	Subtractions		11	N	<b>760</b> , NOT USED	
VA320-3	VA320-3 Filler		1	AN	<b>760</b> , NOT USED	
	Virginia Adjusted Gross Income		11	N		
VA320-4					<b>760</b> , NOT USED	
	VA320-4 Sign		1	AN	760, NOT USED	
	Federal Itemized Deductions	760, Line 10a	11	N	100, 1101 0025	
	r ddorar normaed Boddonorio					
\/A220 E					Must be zero padded.	
VA320-5					<b>760</b> , Total Federal Itemized Deductions claimed on Schedule	
					A.	
	VA320-5 Filler		1	AN	Must equal space	
	State and Local Income Taxes	760, Line 10b	11	N		
\/A220 C					Must be zero padded.	
VA320-6					<b>760</b> , State and Local Income taxes claimed on Schedule A	
	VA320-6 Filler		1	AN	Must equal space	
VA320-7	Filler		8		NOT USED	
IRS325	Alphanumeric Field 6		80	AN		****
IRS330	Alphanumeric Field 7		80	AN		****
	**************	****** Signe	d Numer	ic Sec	tion ************************************	
IRS 350	Filler		12	N	NOT USED	
IDC 255	Standard Deduction		11	N	<b>760</b> , NOT USED	
IRS 355	IRS 355 Filler		1	AN	760, NOT USED	
IRS 360	Itemized Deductions		11	N	<b>760</b> , NOT USED	
IKS 300	IRS 360 Filler		1	AN	760, NOT USED	
IRS 365	Itemized Deductions		11	N	760, NOT USED	
11/0 303	IRS 365 Filler		1	AN	760, NOT USED	
	760 & 763	760, Line 10	11	N	Must be zero padded. <b>760CG</b>	
	Standard or Itemized Deductions				Must be the difference between Field 320-5 and 320-6 for	
IRS 370					itemized deductions or the standard deduction based on the	
					filing status.	
	IRS 370 Filler		1	AN	Must equal space	

<sup>\*\*</sup> Numeric fields should be padded with zeroes.

re credit while
re credit while
ed by
ge to zero.
( <b>f l</b> . <b>l</b> (
t for worksheet.
440.

<sup>\*\*</sup> Numeric fields should be padded with zeroes.

IRS 465	Estimated tax payments	760CG, Line 19	11	N	Must be zero padded	
IKS 400	IRS 465 Filler		1	AN	Must be space	
IRS 470	Extension payments	760CG, Line 20	11	N	Must be zero padded	
IKS 470	IRS 470 Filler		1	AN	Must be space	
IRS 475	Tax Credit for Low Income Individuals	760CG, Line 21	11	N	Must be space  Must be zero padded  Value = \$300 per qualifying exemptions or the amount of Tax  (Field 445), whichever is less. 760CG page 2 must be included in unformatted record if there is an entry in this field.  Qualifying exemptions are Yourself + Spouse + Dependents. This credit may not be claimed if the following are claimed:  Virginia National Guard Subtraction  Military Pay Subtraction  State and Federal Employee Subtraction  Blind or 65+ exemptions  Age Deduction  The total Family Virginia Adjusted Gross Income reported by taxpayer, spouse and any dependents must be equal to or below the Federal poverty threshold. The Federal Poverty  Thresholds are:  Exemptions  Threshold  1 \$9,570  2 12,830  3 16,090  4 19,350  5 22,610  6 25,870  For each additional person, spouse and dependent	****
					exemption, add \$3,260 to the poverty threshold.	
	IRS 475 Filler		1	AN	Must be space	
IRS 480	Credit for Tax paid to another state	760CG, Line 22	11	N	Must be zero padded Only valid for MD and NC out of state tax credits.	****
	IRS 480 Filler		1		Must be space	
IRS 485	Other Credits	760CG, Line 23	11	N	Must be zero padded.  Credits from Schedule CR (Field 485) cannot be greater than \$25 when Filing Status (Field 305-3) is 1 or 3 and \$50 when Filing Status (Field 305-3) is 2 or 4.	
	IRS 485 Filler		1	AN	Must be space	
	Total payments and credits	760CG, Line 24	11	N	Must be zero padded.	
IRS 490	ista paymonto and ordate				Must be the sum of Fields 450, 455, 465, 470, 475, 480 and 485.	
	IRS 490 Filler		1	AN	Must be space	
	Tax you owe	760CG, Line 25	11	N	Must be zero padded.	
IRS 495	,				If Field 445 is greater than Field 490, this must equal the difference.	
	IRS 495 Filler		1	AN	Must be space	
IRS 500	Tax you overpaid	760CG, Line 26	11	N	Must be zero padded.  If (Field 490 is greater than Field 445, this must equal the difference.	

<sup>\*\*</sup> Numeric fields should be padded with zeroes.

	IRS 500 Filler		1	AN	Must be space	
IRS 505	Addition to tax, penalty, and interest		11	N		
	from Schedule NPY				<b>760</b> , NOT USED	
	IRS 505 Filler		1	AN	760, NOT USED	
	Credit to next year's estimated	760CG, Line 27	11	N	Must be zero padded.	
IRS 510					Must be equal to or less than Tax overpaid (Field 500).	
	IRS 510 Filler		1	AN	Must be space	
	Adjustments from Schedule ADJ	760CG, Line 28	11	N	Must be zero padded.	
IRS 515	Part 2				Must equal Field 0081 of Schedule ADJ part 2.	
	IRS 515 Filler		1	AN	Must be space	
IDO 500			11	N	760, NOT USED	
IRS 520	IRS 520 Filler		1	AN	<b>760</b> , NOT USED	
	Amount Due	760 - No Line #	11		Must be zero padded.	
					If Field 495 is significant, add Fields 495, 510 and 515.	
					OR	
IRS 525					If Field 500 significant and Field 510 PLUS 515 is larger than	
					Field 500, enter the difference.	
	IRS 525 Filler		1	AN	Must be space	
	Refund	760 - NO Line	11		Must be zero padded.	
IDO 500		Number			If Field 500 is greater than the sum of Fields 510 and 515,	
IRS 530					enter Field 500 LESS (510 PLUS 515).	
	IRS 530 Filler		1	AN	Must be space	
IRS 535			11	N	760, NOT USED	
IKO 000			1	AN	760, NOT USED	
IRS 540			11	N	760, NOT USED	
INO 540			1	AN	760, NOT USED	
IRS 545			11	N	760, NOT USED	
11/0 040			1	AN	760, NOT USED	
IRS 550			11	N	760, NOT USED	
1110 000			1	AN	760, NOT USED	
IRS 555			11	N	760, NOT USED	
1100 000			1	AN	760, NOT USED	
IRS 560			11	N	760, NOT USED	
1100 000			1	AN	760, NOT USED	
IRS 565			11	N	760, NOT USED	
(0 000			1		760, NOT USED	
IRS 570			11	N	760, NOT USED	
			1	AN	760, NOT USED	
IRS 575			11	N	760, NOT USED	
			1	AN	760, NOT USED	
IDC EON			11	N	760, NOT USED	

<sup>\*\*</sup> Numeric fields should be padded with zeroes.

### 2005 760PY ELF Generic Record

Field	Identification	Line	Length			Changed
		****** He	eader Se	ction '	******	
	Byte Count		4		"2732" for fixed; "nnnn" for variable format	****
IRS000	Record ID		6	AN	"STbbbb"	
IRS001	Form Number		6	AN	"0001bb"	
IRS002	Page Number		5	AN	"PG01b"	
IRS003	Primary SSN		9	N	Required Entry. Primary Taxpayer's SSN	
IRS004	Filler		1		blank	
IRS005	Form /Schedule No.		7	N	"000001"	
		******	leader E	nds **	*****	
IRS010	State Code		2	Α	"VA"	
IRS011	City Code		2	Α	Reserved for future use	
IRS019	State Only Indicator		2	Α	"SO" (Indicates State Only return data)	
IRS020	Declaration Control Number		14	N	Assigned by filer	
	First two positions		2	N	Value Always "00"	
	EFIN of Originator		6	N	,	
	Batch Number		3	N	(000-999)	
	Serial Number		2	N	(00-99)	
	Year digit		1	N	"6"	****
	*****************	******	*****	*****	*********	
IRS023	Return Sequence Number		16	N	Required Entry.	
	ETIN of transmitter		5	N	Must Equal RSN	
	Trans Use Field		2	N	in 1040, A or EZ	
	Julian Date of Tr		3	N	Will be used as filing date of VA return	
	Trans Seq. Number		2	N	(01-99)	
	Seg. Number of Return		4	N	(0001-9999)	
		******* State Dir	rect Dep		ection ************************************	
IRS024	Direct Deposit Indicator		1	N	"1" = Direct Deposit; "2" = Direct Debit	
IRS025	Reserved RTN Flag		1	N	Not Used	
IRS027	Direct Debit Date		8	N	YYYYMMDDIRS024 Must equal "2"; else zero or spaces	***
	Direct Debit Amount		11	N	Must be zero padded. IRS024 Must equal "2" and IRS 525	
IRS028	Direct Besit, and and			.,	Must be > 0.	****
	IRS028 Filler		1	AN	MUST EQUAL SPACE	****
IRS030	Routing Transit		9	N	Only Valid if IRS024 contains values "1" or "2"	
IRS032	State RTN Indicator		1		0 = No State RTN Present; 1 = State RTN found on FOMF; 2	
	Ctato Perinaidate.			.,	= State RTN not found on FOMF	
IRS035	State Deposit Account Number		17	AN	Only Valid if IRS024 contains values "1" or "2"	
IRS040	Checking Account		1		"X" or blank	
IRS048	Savings Account		1		"X" or blank	
1110010	**********	********	Indicate		*************	
IRS049	On Line state Return		1	A	"O" = On-Line	
1110010		******* Pari	ticipant s		n ************************************	
IRS050	State Numeric Area		27	N		
VA050-1	Preparer SSN or PTIN		9	AN	1040 Seg 1380	
VA050-2	Preparer EIN		9	AN	1040 Seq 1380	
VA050-2 VA050-3	Preparer ZIP		5	N	1040 Seq 1410-5	
VA050-3	Preparer ZIP +4	1	4	N	1040 Seq. 1410-3	
IRS052	State Alphanumeric Area		93	AN	10.10.004, 11.10.1	
VA052-1	StAck Mailbox ID		5	AN	NOT USED	
VA052-1	Preparer's Firm Name		35	AN	1040 Seq 1370	
	Preparer's Address		30	AN	1070 004 1070	
VA052-3		1	20		1040 Seq 1390	
VA052-4	Preparer's City		20	AN	1040 9Ed 1920	

<sup>\*\*</sup> Numeric fields should be padded with zeroes.

### 2005 760PY ELF Generic Record

VA052-5	Preparer's State		2	AN	1040 Seg 1400	
VA052-6	Preparer Self-Employed Ind		1	AN	1040 Seg 1350	
IRS055	Spouse's SSN		9	N		
	'				Spouse's SSN;	
					Required Entry for filing statuses 2,3 and 4 (760PY and 763	
					have filing status 4) No Entry allowed for filing status 1.	
	**********	****** Ent	ity Sec	ction *	*******	
IRS060	Name Line 1		35		Required Entry	
VA060-1	Primary Last Name		20	Α	Alpha only. No blank spaces allowed. Left justification.	
	,				Hyphen and apostrophe are the only special characters	
					allowed.	
VA060-2	Filler		12		NOT USED	
VA060-3	Primary Suffix		3	Α	Alpha only. Left justification	
IRS062	Date of Death Primary		8		YYYYMMDD	****
IRS065	Name Line 2		35	AN		
VA065-1	Secondary Last Name		20	Α	Alpha only. No blank spaces allowed. Left justification	
					Hyphen and apostrophe are the only special characters	
					allowed.	
VA065-2	Filler		12		NOT USED	
VA065-3	Secondary Suffix		3	Α	Alpha only. Left justification	
IRS068	Date of Death Secondary		8		YYYYMMDD	****
IRS070	Name Line 3		35	AN		
VA070-1	Primary First name		16	Α	Alpha only. Left justification. may have 1 blank space between	
					alpha characters. Hyphens are the only special characters	
					allowed.	
VA070-2	Primary Middle Initial		1	Α	Alpha only	
VA070-3	Secondary First Name		16	Α	Alpha only. Left justification. may have 1 blank space between	
					alpha characters. Hyphens are the only special characters	
					allowed.	
VA070-4	Secondary Middle Initial		1	Α	Alpha only	
VA070-5	Filler		1		NOT USED	****
IRS074	In C/O Addressee		35	AN		****
IRS075	Address Line 1		35	AN	First and the blank for any the blank for any	
VA075-1	Present Home Address		34	AN	First position may not be blank (space). No more than one	
	(Number street or rural route				space can exist between characters (word	
1/4075.0	and apt. number)				separation). Left justified.	
VA075-2	Filler		1	A N I	NOT USED	
IRS077	Foreign Street Address		35	AN	NOT USED	
IRS080	Address Line 2		35	AN	First position may not be blank (space). No more than one	
VA080-1	Alternative Address Line - C/O		34	AIN	space can exist between characters (word	
	information				separation). Left justified.	
VA080-2	Filler		1		NOT USED	
IRS085	City		22	Α	Required Entry. First position can not be blank	
VA085-1	City, town or PO		20	AN	No more than one space can exist between characters (word	
VA000-1	Oity, town or 150		20	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	separation). Left justified.	
VA085-2	Filler		2		NOT USED	
IRS087	Foreign City State or Province		35	AN	NOT USED	
IRS090	City Code		5	A	NOT USED	
1110030	Oity Oude		J	А	INOT OULD	

<sup>\*\*</sup> Numeric fields should be padded with zeroes.

IRS095	State Abbreviation	2	AN		
VA095-1	State	2	Α	Required Entry	
IRS098	Foreign Country	22	Α	NOT USED	
IRS100	Zip Code	12	N		
VA100-1	9 digit zip code	9	N	Required Entry	
VA100-2	Filler	3	.,	NOT USED	
IRS105	County	20	Α	1101 0025	
VA105	Resident VA City or County	20	AN	Required Entry, must correspond with locality name in	
	, ,			locality code list where taxpayer lived on 1/1/05.	
IRS110	County Code	5	N		
VA110-1	Locality Code	3	N	Required Entry. Must correspond with 3 digit code, must be	
				all numeric. See table 1 for valid codes.	
VA110-2	City Box	1	AN	"X" or space to indicate locality referred to in fields 110-1 and 105 is a "city".	
VA110-3	County Box	1	AN	"X" or space to indicate locality referred to in fields 110-1 and	
VA110-3	County Box	'	AIN	105 is a "county".	
IRS115	Telephone Number	12	AN		
VA115-1	Primary Taxpayer Telephone #	10	N		
	. , . ,			Area code and telephone number of primary taxpayer.	
VA115-2	Filler	2		NOT USED	
IRS120	Primary TP Signature	5	N		****
IRS125	Spouse Signature	5	N		****
IRS126	ERO EFIN/PIN	11	N		****
11(0120				on ************************************	
IRS150	Federal Filing Status	1	N	NOT USED	
IRS155	Total Federal Exemptions	2	N	NOT USED	
IRS160		12		NOT USED	
	Wages, Salaries, Tips		N	NOT USED	
IRS165	Taxable Interest	12	N	NOT USED	
IRS170	Tax Exempt Interest	12	N		
IRS175	Dividends	12	N	NOT USED	
IRS180	State Refund	12	N	NOT USED	
IRS185	Taxable Soc Sec Benefits	12	N	NOT USED	
IRS190	Keogh Plan and SEP	12	N	NOT USED	
IRS195	Adjusted Gross Income	12	N	NOT USED	
IRS200	Standard/Itemized Deductions	12	N	NOT USED	
IRS205	Earned Income Credit	12	N	NOT USED	
		· ·		on ************************************	
IRS 300	Alphanumeric Field 1	80	AN		
VA300-1	Software Developer ID	10		Required Entry.	
VA300-2	Paid Prep name	31	AN		
VA300-3	Prep Phone Number	10	AN		
VA300-4	Non-paid prep	13	AN		
VA300-5	Prep State EIN	16	AN		
IRS 305	Alphanumeric Field 2	80	AN		
VA305-1	Fed. Data Ind. Flag	1	AN	Required Entry. Value = "V" (variable data)	
VA305-2	VA Form Code	1	AN	Required Entry. Value = "P" (form 760PY)	
VA305-3	VA Filing Status	1	N	Required Entry.	
	<b>0</b>			Values = "1" – Single	
				"2" – Married, filing joint	
				"3" – Married, filing separate	
				"4" – Married filing separate return	
VA305-4	Head of Household	1	AN	Value = "X" if federal filing status is head of household	
V /\JUJ-4	i icau di i iduscildiu	I	\\\	value - A il lederal lilling status is fiedu ul fiudschulu	

<sup>\*\*</sup> Numeric fields should be padded with zeroes.

VA305-5	Yourself exemption	1	N	Required Entry.	
				Value = 1 if filing status (Field 305-3) is "1","3" or "4". Value	
				=2 if filing status is "2"	
VA305-6	65 or over exemption for	1	N	Required Entry.	
	Primary TP			If filing status is "1", "3" or "4", Value =1 for over 65 years. If	
	,			filing status is "2" and primary and secondary are over 65,	
				Value = 2	
VA305-7	Blind exemption for	1	N	Required Entry.	
	Primary TP			If filing status is "1", "3" or "4", Value = space for not blind or	
				Value =1 for blind. If filing status is "2" and primary and	
				secondary are blind, Value = 2.	
VA305-8	Dependents	2	N	Required Entry. Value = 00 through 99	
VA305-9	Total Exemptions	2	N	Required Entry. Value = 01 through 99	
VA305-10	Spouse's exemption	1	N	Required Entry.	
V71000 10	opouse a exemption	'	- ' '	If filing status is "4", Value = 1.	
VA305-11	65 or over exemption for	1	N	Required Entry.	
VA303-11	Spouse	'	11	If filing status is "4" AND spouse is over 65, Value = 1.	
VA305-12	Blind exemption for Spouse	1	N	Required Entry.	
V/1000-12	Billia exemption for opouse	'	11	If filing status is "4" AND spouse is blind, Value = 1.	
VA305-13	Dependents	2	N	if filing status is "4", Values = 00 - 99.	
VA305-13	Total Exemptions	2	N	if filing status is "4", Values = 01 - 99.	
VA305-14 VA305-15	Dependent on Another's Rtn	1	A	Value must = "X" if claimed as a dependent on another's	
VA303-13	Dependent on Another's Kill	'	^	return or else space.	
VA305-16	Farmer/Fisherman	1	۸	Value = "X" if farmer/fisherman or else space.	
VA305-16 VA305-17		1	A	value - A il farmer/lisherman or else space.	
VA305-17	Overseas when rtn due	1	A	All Forms, Value = "X" if overseas on due date or else space.	
VA305-18	Coalfield Employment	1	Α	7 iii oversede on due date er else space.	
VA303-10	Enhancement Credit	'		NOT ALLOWED FOR ELF RETURNS	
VA305-19	Credit Card	1	Α	Value = "X" if paying by credit card or else blank	
VA305-19 VA305-20	Primary TP's business phone	10	A	Value - A in paying by credit eard of cise blank	
VA303-20	number	10	^	Area Code and number, else spaces	
VA305-21	Spouse's business phone	10	Α	74 da dada ana nambar, diae apadea	
VA303-21	number	10	^	Area Code and number, else spaces	
VA305-22	Date primary moved to or from	5	N	For <b>760PY</b> , Value = 0MMDD to indicate date taxpayer moved	
VA303-22	VA	3	IN	out of VA or Value = 1MMDD to indicate date taxpayer moved	
	VA			in to VA.	
VA305-23	Date Spouse moved to or from	5	N	For <b>760PY</b> , Value = 0MMDD to indicate date spouse moved	
VA305-23	•	3	IN	out of VA or Value = 1MMDD to indicate date spouse moved	
	VA			in to VA.	
VA305-24	Authorization for TAV to discuss	1	۸	Value = "X" if to authorizes TAX to discuss return with	
VA305-24	Authorization for TAX to discuss	l I	Α	•	
\/A20E 0E	rtn with preparer	0	Λ	preparer. 760PY, NOT USED.	
VA305-25 VA305-26	State of Residence	2	A	760PY, NOT USED.	
	Name or Filing Change	1	A	760PY, NOT USED.	
VA305-27	Address Change		A	760PY, NOT USED.	
VA305-28	VA return not filed last year	1	A	Value ="X" if Fixed Date Conformity adjustments were made	
VA305-29	Fixed Date Conformity	1	Α	• •	
\/^205.00	Addition from the 2000		Α.	to the return.	
VA305-30	Addition from form 760C	1	Α	760PY, NOT USED.	
VA305-31	Addition from form 760F	1	A	760PY, NOT USED.	
VA305-32	Prepared by Paid Tax Preparer	1	Α	ZCARY NOT LIGED	
				760PY, NOT USED.	

<sup>\*\*</sup> Numeric fields should be padded with zeroes.

VA305-33	Other Subtractions Code 1	760PY, Line44a	2	AN	Enter valid subtraction code or spaces.	****
VA305-34	Other Subtractions Code 2	760PY, Line44b	2	AN		
77.000 01	0.1101 0.000.000110 0000 2		_	,	Enter valid subtraction code or spaces.	****
VA305-35	Other Subtractions Code 3	760PY, Line44c	2	AN		****
					Enter valid subtraction code or spaces.	
VA305-36	Political Contribution Indicator		1	AN	Used if only Schedule CR credit claimed is the political	
					contribution credit.	
VA305-37	Filing Election		1		Should equal "0" or "7".	
VA305-38	Disability Income Indicator - Primary		1	AN	· · · · · · · · · · · · · · · · · · ·	
					taken by primary taxpayer, else space	
VA305-39	Disability Income Indicator - Spouse		1	AN	Value = "X" if Diability Income subtraction (760PY line 43) was	
					taken by spouse, else space	
	Taxpayer Deceased Primary		1	AN	Value = "X" if primary taxpayer is deceased	
	Taxpayer Deceased Spouse		1		Value = "X" if spouse is deceased	
VA305-42	Vendor ID		5	AN	NACTP Code OR VA TAX Assigned Vendor Code. This is a	
IDC240	Alabaaria Field 2		00		required entry.	
IRS310 VA310-1	Alphanumeric Field 3		80	NI	First day of the year primary taxpayer lived in VA. Value =	
VA310-1	Date of residence from primary tp		0	N	MMDDYYYY	
VA310-2	Date of residence to primary tp		8	N	Last day of the year primary taxpayer lived in VA. Value =	
			_		MMDDYYYY	
VA310-3	Date of residence from Spouse		8	N	First day of the year spouse lived in VA. Value = MMDDYYYY	
VA310-4	Date of residence to Spouse		8	N	land and or the year speaks mean in the residence minimum and the second	
					Last day of the year spouse lived in VA. Value = MMDDYYYY	
	Federal Adjusted Gross Income	760PY Line 6	11	N		
VA310-5	•	Column B			MUST BE Zero Padded	
	VA310-5 Sign		1	AN	"-" for negative, space for positive number	
VA310-6	Federal Adjusted Gross Income	760PY Line 6,	11	N		
		column A			MUST BE Zero Padded	
	VA310-6 Sign		1	AN	"-" for negative, space for positive number	
	Additions	760PY, Line 7	11	N	Must be zero padded.	
VA310-7		column B			Additions from Field 565	
	VA310-7 Filler		1	AN	Must equal space	
	Additions	760PY, Line 7,	11	N	Must be zero padded.	
VA310-8		column A			Additions from Field 570	
	VA310-8 Filler		1	AN	Must equal space	
IRS 315	Alphanumeric Field 4		80			
	Subtotal	760PY Line 8	11	N		
VA315-1		column B			The sum of Fields 310-5 and 310-7. MAY BE NEGATIVE.	
	VA315-1 Sign		1	AN	"-" for negative, space for positive number	
	Subtotal	760PY, Line 8,	11	N	Must be zero padded.	
VA315-2		column A			Sum of Fields 310-6 and 310-8.	
	VA315-2 Sign	7000)/ 1: 00	1		"-" for negative, space for positive number	
VA315-3	Age deduction for	760PY, Line 38 Column B	5	N	Must be zero padded.	
	primary taxpayer	Oolullii B			(O = f = = instructions)	
1/40/5 /	A 1 1 11 11 1 2	700DV I : 00	_		(See form instructions)	
VA315-4	Age deduction for Spouse	760PY Line 38, Column A	5	N	Must be zero padded.	
		1	1	1	(See form instructions)	

<sup>\*\*</sup> Numeric fields should be padded with zeroes.

VA315-5	Combined Age Deduction		5	N	760PY, NOT USED.	
	Social Security & Tier I Railroad	760PY, Line 42,	11	N	Must be zero padded.	
1/4045.0	Retirement claimed on Federal	Column B			Enter only the amount of Social Security or Tier I Railroad	
VA315-6	return as income				Retirement included in FAGI (Field 310-5)	
	VA315-6 Filler		1	AN	Must equal space	
	State Tax Refund claimed on	760PY, Line 39,	11	N		
	Federal return as income	Column B			Must be zero padded.	
VA315-7					Enter only the amount of State Tax Refund included in FAGI	
					(Field 310-5).	
	VA315-7 Filler		1	AN	Must equal space	
	Other Subtractions	760PY, Line 9,	11	N	Must be zero padded.	
VA315-8		Column B			Must match field 670.	
	VA315-8 Filler		1	AN	Must equal space	
VA315-9	Filler		5		NOT USED.	
IRS 320	Alphanumeric Field 5		80			
VA320-1	Total Subtractions		11	N	760PY, NOT USED.	
	VA320-1 Filler	700DV/1 ' 40	1	AN	760PY, NOT USED.	
	Total Virginia Adjusted Gross	760PY Line 10, Column B	11	N	Must be zero padded.	
VA320-2	Income	COIGITIT B			the difference between Fields 315-1 and 315-8.	
	VA320-2 Sign		1	AN	"-" for negative, space for positive number	
	Subtractions	760PY, Line 9,	11	N	Must be zero padded.	
VA320-3		Column A			filing status 4 only. Subtractions from Field 675.	
	VA320-3 Filler		1	AN	Must equal space	
	Virginia Adjusted Gross Income	760PY, Line 10,	11	N	Must be zero padded.	
VA320-4		Column A			filing status 4 only. The difference between Field 315-2 and	
VA320-4					Field 320-3.	
	VA320-4 Sign		1	AN	"-" for negative, space for positive number	
VA320-5	Federal Itemized Deductions		11	N	760PY, NOT USED.	
VA320-3	VA320-5 Filler		1	AN	760PY, NOT USED.	
VA320-6	State and Local Income Taxes		11	N	760PY, NOT USED.	
VA320-0	VA320-6 Filler		1	AN	760PY, NOT USED.	
VA320-7	Filler		8		NOT USED	
IRS325	Alphanumeric Field 6		80	AN		****
IRS330	Alphanumeric Field 7		80	AN		****
		******* Signed			tion ************************************	
IRS 350	Filler		12	N	NOT USED	
	Standard Deduction	760PY, Line 11(a) Column A	11	N	Must be zero padded.	
IRS 355		Column			For filing status 4 only.	
	IDO OFF E'II				Portion of Standard Deduction from Field 700 for Spouse	
	IRS 355 Filler	760PY, Line 11(b)	1	AN	Must equal space Must be zero padded.	
	Itemized Deductions	Column B	11	N	Portion of Itemized Deductions from Field 715 for Primary	
IRS 360					Taxpayer	
	IRS 360 Filler		1	AN	Must equal space	
	Itemized Deductions	760PY, Line 11(b)	11	N	Must be zero padded.	
	Tomizou Doudollollo	Column A	11	'\	For filing status 4 only.	
IRS 365					Portion of Itemized Deductions from Field 715 for Spouse.	
	IRS 365 Filler		1	AN	Must equal space	
	Standard Deduction Amount	760PY, Line 11a	11	N	Portion of standard Deduction from Field 700 for primary	
IRS 370		Column B			taxpayer.	
•						

<sup>\*\*</sup> Numeric fields should be padded with zeroes.

Personal Exemption Amount IRS 375 Filler	760PY, Line 12 Column B	11	AN N	Must equal space Must be zero padded	
IRS 375 Filler	Column B			·	
		1	AN	Must equal space	
Personal Exemption Amount	760PY, Line 12	11	N	Must be zero padded	
'	Column A			For filing status 4 only.	
IRS 380 Filler		1	AN	Must equal space	
Child & Dependent Care	760PY, Line 13 Column B	11	N	Must be zero padded	
				Enter amount used to compute federal child care credit while	
				·	
IRS 385 Filler		1	AN	•	
	760PY, Line 13				
orma or 2 operacing care	Column A	• •		·	
				· ·	
IRS 390 Filler		1	AN		
Subtotal	760PY, Line 14	11	N	. '	
	Column B			Field 370/360 PLUS 375 and 385	
IRS 395 Filler		1	AN	Must equal space	
Subtotal	760PY, Line 14	11	N	Must be zero padded	
	Column A			For filing status 4 only.	
				Field 355 or 365, PLUS 380 and 390.	
IRS 400 Filler		1	AN	Must equal space.	
Virginia Taxable Income	760PY, Line 15 Column B	11	N	Must be zero padded	
IRS 405 Sign		1	AN	"-" for negative, space for positive number	
•	Line 15	11	N	Must be zero padded	
	Column A			For filing status 4 only.	
				Field 320-4 LESS Field 400.	
				May be negative or zero.	
IRS 410 Sign		1	AN	"-" for negative, space for positive number	
Percentage		11	N	760PY, NOT USED.	
IRS 415 Filler		1	AN	760PY, NOT USED.	
Nonresident Taxable Income		11	N	760PY, NOT USED.	
IRS 420 Sign		1	AN	760PY, NOT USED.	
Tax		11	N	· ·	
	Column B			· · · · · · · · · · · · · · · · · · ·	
				11 1	
IRS 425 Filler		1	AN	Must equal space	
Primary Virginia Adjusted Gross		11	N		
Income					
		1		760PY, NOT USED.	
		11	N		
Income					
				, ,	
	Line 47				
	Line 1/			'	
	700DV 1: 40/ \				
Primary tp's VA withholding	700PY, Line 18(a)	11	N	virginia withholding for primary taxpayer.	
	IRS 385 Filler Child & Dependent Care  IRS 390 Filler Subtotal  IRS 395 Filler Subtotal  IRS 400 Filler Virginia Taxable Income  IRS 405 Sign Virginia Taxable Income  IRS 410 Sign Percentage IRS 415 Filler Nonresident Taxable Income IRS 420 Sign Tax  IRS 425 Filler Primary Virginia Adjusted Gross Income IRS 430 Sign Spouse's Virginia Adjusted Gross	IRS 385 Filler Child & Dependent Care  Child & Dependent Care  T60PY, Line 13 Column A  TRS 390 Filler Subtotal  T60PY, Line 14 Column B  T8395 Filler Subtotal  T60PY, Line 14 Column A  T8395 Filler  Subtotal  T60PY, Line 14 Column A  TRS 400 Filler  Virginia Taxable Income  T60PY, Line 15 Column B  T83 405 Sign  Virginia Taxable Income  Line 15 Column A  TRS 410 Sign  Percentage TRS 415 Filler  Nonresident Taxable Income  TRS 420 Sign  Tax  T60PY, Line 16 Column B  TRS 425 Filler  Primary Virginia Adjusted Gross Income TRS 430 Sign  Spouse's Virginia Adjusted Gross Income TRS 435 Sign  Spouse Tax Adjustment TRS 440 Filler  Net Amount of Tax TRS 445 Filler	Child & Dependent Care	Child & Dependent Care	Child & Dependent Care   760PY, Line 13   11   N   Must be zero padded   Enter amount used to compute federal child care credit while a Virginia resident.   N   Must equal space   N   Must be zero padded   For filing status 4 only.   Enter amount that was used to compute Federal credit that was paid while a Virginia resident.   N   Must equal space   N   Must be zero padded   For filing status 4 only.   Enter amount that was used to compute Federal credit that was paid while a Virginia resident.   N   N   Must equal space   N   N   Must equal space   N   N   Must equal space   N   N   Must express   N   N   N   N   N   N   N   N   N

<sup>\*\*</sup> Numeric fields should be padded with zeroes.

Spouse's VA withholding   765PY Line 180   11   N   Must be zero padded   Spouse's Withholding   RS 455 Filler   1   AN   Must be space   RS 465 Filler   765PY Line 180   11   N   NOT USED.   RS 465 Filler   765PY Line 180   11   N   NOT USED.   RS 465 Filler   765PY Line 180   11   N   N   Must be zero padded   RS 470 Filler   1   AN   Must be zero padded   RS 470 Filler   1   AN   Must be zero padded   RS 470 Filler   1   AN   Must be zero padded   RS 470 Filler   1   AN   Must be zero padded   RS 470 Filler   1   AN   Must be zero padded   RS 470 Filler   1   AN   Must be zero padded   RS 470 Filler   1   AN   Must be zero padded   RS 470 Filler   RS 470 Filler   1   AN   Must be zero padded   RS 480 Filler   RS 485 Filler   RS 485 Filler   1   AN   Must be zero padded   RS 490 Filler   1   AN   Must be zero p		IRS 450 Filler		1	AN	Must be space	
IRS 460 FILLER  IRS 460 FILLER  IRS 465 Filler  Extension payments  IRS 470 Filler  Tax Credit for Low Income Individuals  IRS 470 Filler  IRS		Spouse's VA withholding	760PY Line 18b	11	N	·	
IRS 465   FILLER	IRS 455						
IRS 465   Estimated tax payments   760PY, Line 1860   11 N   Must be space		IRS 455 Filler		1	AN		
IRS 465 Filler	IRS 460	FILLER		12	N	NOT USED.	
RRS 470   Extension payments   760PY, Line 18(d)   11 N   Must be space	IRS 465	Estimated tax payments	760PY, Line 18©	11	N	Must be zero padded	
Extension payments		IRS 465 Filler		1	AN	,	
IRS 475  IRS 480  IRS	IRS 470	Extension payments IRS 470 Filler	.,	11	N AN	Must be zero padded	
Credit for Tax paid to another state   760PY, Line 18(f)   11   N   Must be zero padded   Only valid for MD and NC out of state tax credits.	IRS 475	Individuals	760PY, Line 18(e)			Value = \$300 per qualifying exemptions or the amount of Tax (Field 445), whichever is less. 760CG page 2 must be included in unformatted record if there is an entry in this field. Qualifying exemptions are Yourself + Spouse + Dependents. This credit may not be claimed if the following are claimed: Virginia National Guard Subtraction Military Pay Subtraction State and Federal Employee Subtraction Blind or 65+ exemptions Age Deduction The total Family Virginia Adjusted Gross Income reported by taxpayer, spouse and any dependents must be equal to or below the Federal poverty threshold. The Federal Poverty Thresholds are:  Exemptions Threshold 1 \$9,570 2 12,830 3 16,090 4 19,350 5 22,610 6 25,870 For each additional person, spouse and dependent exemption, add \$3,260 to the poverty threshold.	****
IRS 480  IRS 480 Filler  Other Credits  Other Credits  Other Credits  Other Credits  Total payments and credits  Only valid for MD and NC out of state tax credits.  AN Must be space  Must be zero padded. Credits from Schedule CR (Field 485) cannot be greater than \$25 when Filing Status (Field 305-3) is 1 or 3 and \$50 when Filing Status (Field 305-3) is 2 or 4.  AN Must be space  Total payments and credits  Total payments and credits  Only valid for MD and NC out of state tax credits.  AN Must be zero padded.  Must be space  Total payments and credits  Total payments and credits  Total payments and credits  Only valid for MD and NC out of state tax credits.  AN Must be zero padded.  Must be space  Must be zero padded.  Must be zero padded.  Must be the sum of Fields 450, 455, 465, 470, 475, 480 and 485.			70000/ 1: 40/0				
Other Credits    Total payments and credits	IRS 480	·	76UPY, Line 18(f)			Only valid for MD and NC out of state tax credits.	****
IRS 485  IRS 485  IRS 485 Filler  Total payments and credits							
IRS 485 Filler Total payments and credits	IRS 485	Other Credits	760PY, Line 18(g)	11	N	Credits from Schedule CR (Field 485) cannot be greater than \$25 when Filing Status (Field 305-3) is 1 or 3 and \$50 when	
Must be the sum of Fields 450, 455, 465, 470, 475, 480 and 485.		IRS 485 Filler		1	AN	Must be space	
IRS 490 Filler 1 AN Must be space	IRS 490		760PY, Line 19			Must be zero padded.  Must be the sum of Fields 450, 455, 465, 470, 475, 480 and	
		IRS 490 Filler		1	AN	Must be space	

<sup>\*\*</sup> Numeric fields should be padded with zeroes.

	Tax you owe	760PY, Line 20	11	N	Must be zero padded.	
IRS 495					If Field 445 is greater than Field 490, this must equal the difference.	
1110 433					unierence.	
	IRS 495 Filler		1	AN	Must be space	
	Tax you overpaid	760PY, Line 21	11	N	Must be zero padded.	
					If (Field 490 is greater than Field 445, this must equal the	
IRS 500					difference.	
	IRS 500 Filler		1	AN	Must be space	
	Addition to tax, penalty, and interest	760PY, Line 22	11	N	Must be zero padded.	
IRS 505	from Schedule NPY				From Schedule NPY.	
	IRS 505 Filler		1	AN	Must be space	
	Credit to next year's estimated	760PY, Line 23 Column B	11	N	Must be zero padded.	
IRS 510						
					Must be equal to or less than Tax overpaid (Field 500).	
	IRS 510 Filler		1		Must be space	
	Contributions and Consumer's Use	760PY, Line 24	11	N	Must be zero padded.	
IRS 515	Tax from Schedule NPY				From Schedule NPY	
	IRS 515 Filler		1	AN	Must be space	
	Addition to tax, penalty, and interest	760PY, Line 25	11	N	Must be zero padded.	
	plus amount to be credited to next				Must be the sum of Field FOE Field FOE Field FAO and Field	
IRS 520	year's estimated taxes plus				Must be the sum of Field 505, Field 535, Field 510, and Field	
	contributions and consumer's use				515.	
	tax from Schedule NPY IRS 520 Filler		1	ΛNI	Must be space	
	Amount Due	760PY, Line 26	11	AIN	If Field 495 is significant, add Field 495 and Field 520 OR	
	Amount Due	7001 1, Line 20	''		if Field 500 is significant and Field 520 is larger than Field	
IRS 525					500, enter the difference.	
	IRS 525 Filler		1	AN	Must be space	
	Refund	760PY, Line 27	11		Must be zero padded.	
IRS 530					If Field 500 is larger than Field 520, enter the difference.	
	IRS 530 Filler		1	AN	Must be space	
	Amount to be credited to 2003	Line 23	11	N	Must be zero padded.	
IRS 535	Estimated	Column A			Must be equal to or less than Tax You Overpaid (Field 500),	
	IDO FOE FILL				LESS field 510.	
	IRS 535 Filler		1	AN	Must be space	
IRS 540	Deductions		11	N	760PY, NOT USED. 760PY, NOT USED.	
	IRS 540 Filler	760PY, Line 34	1 11	AN N	Interest on obligations of other states exempt from federal tax	
IRS 545	Interest	Column B	11	IN	and earned while a VA resident.	
	IRS 545 Filler		1	AN	Must be space	
	Interest	760PY, Line 34	11	N	For filing status 4 only.	
IDC 550		Column A			Interest on obligations of other states exempt from federal tax	
IRS 550			<u>L</u>		and earned while a VA resident.	
	IRS 550 Filler		1	AN	Must be space	
IRS 555	Other additions	760PY, Line 35 Column B	11	N		
	IRS 555 Filler		1	AN	Must be space	

<sup>\*\*</sup> Numeric fields should be padded with zeroes.

	Other additions	760PY, Line 35	11	N		
IRS 560		Column A			For filing status 4 only.	
	IRS 560 Filler		1	AN	Must be space	
	Total additions	760PY, Line 36	11	N		
IRS 565		Column B			Must be the sum of Field 545 and Field 555.	
	IRS 565 Filler		1	AN	Must be space	
	Total additions	760PY, Line 36	11	N	For filing status 4 only.	
IRS 570		Column A			Must be the sum of Field 550 and Field 560.	
	IRS 570 Filler		1	AN	Must be space	
	State tax refund	760PY, Line 39	11	N	For filing status 4 only.	
IRS 575		Column A			State income tax refund reported as income on the federal	
IKS 3/3					return and received while a VA resident.	
	IRS 575 Filler		1	AN	Must be space	
	Income attributable to period of	760PY, Line 40	11	N		
IRS 580	residence outside of VA	Column B			Must equal Field 890.	

<sup>\*\*</sup> Numeric fields should be padded with zeroes.

Field	Identification	Line	Length	Туре	Edits, Comments & Validations	Changed
		****** He	ader Se	ction '	******	
	Byte Count		4		"2732" for fixed; "nnnn" for variable format	****
IRS000	Record ID		6	AN	"STbbbb"	
IRS001	Form Number		6	AN	"0001bb"	
IRS002	Page Number		5	AN	"PG01b"	
IRS003	Primary SSN		9	N	Required Entry. Primary Taxpayer's SSN	
IRS004	Filler		1		blank	
IRS005	Form /Schedule No.		7	N	"000001"	
		****** H	leader E	nds **	*****	
IRS010	State Code		2	Α	"VA"	
IRS011	City Code		2	Α	Reserved for future use	
IRS019	State Only Indicator		2	Α	"SO" (Indicates State Only return data)	
IRS020	Declaration Control Number		14	N	Assigned by filer	
	First two positions		2	N	Value Always "00"	
	EFIN of Originator		6	N	·	
	Batch Number		3	N	(000-999)	
	Serial Number		2	N	(00-99)	
	Year digit		1	N	"6"	****
	*******************	******	*****	*****	*********	
IRS023	Return Sequence Number		16	N	Required Entry.	
	ETIN of transmitter		5	N	Must Equal RSN	
	Trans Use Field		2	N	in 1040, A or EZ	
	Julian Date of Tr		3	N	Will be used as filing date of VA return	
	Trans Seq. Number		2	N	(01-99)	
	Seg. Number of Return		4	N	(0001-9999)	
		***** State Dir	ect Depo	sit Se	ection ************************************	
IRS024	Direct Deposit Indicator		1	N	"1" = Direct Deposit; "2" = Direct Debit	
IRS025	Reserved RTN Flag		1	N	Not Used	
IRS027	Direct Debit Date		8	N	YYYYMMDDIRS024 Must equal "2"; else zero or spaces	****
	Direct Debit Amount		11	N	Must be zero padded. IRS024 Must equal "2" and IRS 525	****
IRS028	2.000.200.000		''	• •	Must be > 0.	****
	IRS028 Filler		1	AN	MUST EQUAL SPACE	****
IRS030	Routing Transit		9	N	Only Valid if IRS024 contains values "1" or "2"	
IRS032	State RTN Indicator		1		0 = No State RTN Present; 1 = State RTN found on FOMF; 2	
					= State RTN not found on FOMF	
IRS035	State Deposit Account Number		17	AN	Only Valid if IRS024 contains values "1" or "2"	
IRS040	Checking Account		1		"X" or blank	
IRS048	Savings Account		1		"X" or blank	
	**********	*****	Indicato		*************	
IRS049	On Line state Return		1	A	"O" = On-Line	
		****** Part	icipant S		n ************************************	
IRS050	State Numeric Area		27	N		
VA050-1	Preparer SSN or PTIN		9	AN	1040 Seq 1380	
VA050-2	Preparer EIN		9	AN	1040 Seg 1380	
VA050-3	Preparer ZIP		5	N	1040 Seg 1410-5	
VA050-4	Preparer ZIP +4		4	N	1040 Seq. 1410-4	
IRS052	State Alphanumeric Area		93	AN		
VA052-1	StAck Mailbox ID		5		NOT USED	
VA052-1	Preparer's Firm Name		35	AN	1040 Seg 1370	
VA052-2	Preparer's Address		30	AN		
VA052-3	Preparer's City		20	AN	1040 Seq 1390	
VAUJE-4	1 Topard 3 Oily		20	AIN	1010 004 1000	1

<sup>\*\*</sup> Numeric fields should be padded with zeroes.

VA052-5	Preparer's State	2	AN	1040 Seq 1400	
VA052-6	Preparer Self-Employed Ind	1	AN	1040 Seq 1350	
IRS055	Spouse's SSN	9	N	•	
				Spouse's SSN;	
				Required Entry for filing statuses 2,3 and 4 (760PY and 763	
				have filing status 4) No Entry allowed for filing status 1.	
	************	****** Entity Sec	ction *	*******	
IRS060	Name Line 1	35	AN	Required Entry	
VA060-1	Primary Last Name	20	Α	Alpha only. No blank spaces allowed. Left justification.	
				Hyphen and apostrophe are the only special characters	
				allowed.	
				NOTHOER	
VA060-2	Filler	12		NOT USED	
VA060-3	Primary Suffix	3	Α	Alpha only. Left justification	****
IRS062	Date of Death Primary	8		YYYYMMDD	****
IRS065	Name Line 2	35	AN	Alpha only. No blank spaces allowed. Left justification	
VA065-1	Secondary Last Name	20	Α		
				Hyphen and apostrophe are the only special characters allowed.	
				allowed.	
VA065-2	Filler	12		NOT USED	
VA065-2	Secondary Suffix	3	Α	Alpha only. Left justification	
IRS068	Date of Death Secondary	8	- ' '	YYYYMMDD	****
IRS070	Name Line 3	35	AN		
VA070-1	Primary First name	16	Α	Alpha only. Left justification. may have 1 blank space between	
				alpha characters. Hyphens are the only special characters	
				allowed.	
VA070-2	Primary Middle Initial	1	Α	Alpha only	
VA070-3	Secondary First Name	16	Α	Alpha only. Left justification. may have 1 blank space between	
	•			alpha characters. Hyphens are the only special characters	
				allowed.	
VA070-4	Secondary Middle Initial	1	Α	Alpha only	
VA070-5	Filler	1		NOT USED	
IRS074	In C/O Addressee	35	AN		****
IRS075	Address Line 1	35	AN		
VA075-1	Present Home Address	34	AN	First position may not be blank (space). No more than one	
	(Number street or rural route			space can exist between characters (word	
	and apt. number)			separation). Left justified.	
VA075-2	Filler	1		NOT USED	
IRS077	Foreign Street Address	35	AN	NOT USED	
IRS080	Address Line 2	35	AN	First position may not be blank (space). No more than one	
VA080-1	Alternative Address Line - C/O	34	AN	space can exist between characters (word	
	information				
VA080-2	Filler	1		separation). Left justified.  NOT USED	
IRS085	City	22	٨	Required Entry. First position can not be blank	
VA085-1	City, town or PO	20	AN	No more than one space can exist between characters (word	
VA000-1	Oity, town or 1.0	20	-AIN	separation). Left justified.	
VA085-2	Filler	2		NOT USED	
IRS087	Foreign City State or Province	35	AN	NOT USED	
IRS090	City Code	5	A	NOT USED	
10000	Oily Jour	J	$\overline{}$	1101 0025	

<sup>\*\*</sup> Numeric fields should be padded with zeroes.

IRS095	State Abbreviation	2	AN		
VA095-1	State	2	Α	Required Entry	
IRS098	Foreign Country	22	Α	NOT USED	
IRS100	Zip Code	12	N		
VA100-1	9 digit zip code	9	N	Required Entry	
VA100-2	Filler	3	- ' '	NOT USED	
IRS105	County	20	Α	1101 0025	
VA105	Resident VA City or County	20	AN	Required Entry for 763, must correspond with locality name	
	, ,			in locality code list where taxpayer lived on 1/1/05.	
IRS110	County Code	5	N		
VA110-1	Locality Code	3	N	Required Entry. Must correspond with 3 digit code, must be all numeric. See table 1 for valid codes.	
VA110-2	City Box	1	AN		
VA110-3	County Box	1	AN	763 only - "X" or space to indicate locality referred to in fields 110-1 and 105 is a "county".	
IRS115	Telephone Number	12	AN	. ,	
VA115-1	Primary Taxpayer Telephone #	10	N		
	Timary raxpayor receptions ii		.,	Area code and telephone number of primary taxpayer.	
VA115-2	Filler	2		NOT USED	
IRS120	Primary TP Signature	5	N	INOT COLD	****
IRS125	Spouse Signature	5	N		****
IRS126	ERO EFIN/PIN	11	N		****
IK3120					
IRS150		Consistenc		NOT USED	
	Federal Filing Status	1	N		
IRS155	Total Federal Exemptions	2	N	NOT USED	
IRS160	Wages, Salaries, Tips	12	N	NOT USED	
IRS165	Taxable Interest	12	N	NOT USED	
IRS170	Tax Exempt Interest	12	N	NOT USED	
IRS175	Dividends	12	N	NOT USED	
IRS180	State Refund	12	N	NOT USED	
IRS185	Taxable Soc Sec Benefits	12	N	NOT USED	
IRS190	Keogh Plan and SEP	12	N	NOT USED	
IRS195	Adjusted Gross Income	12	N	NOT USED	
IRS200	Standard/Itemized Deductions	12	N	NOT USED	
IRS205	Earned Income Credit	12	N	NOT USED	
	*************	******** Alphanumer	ic Secti	on ************************************	
IRS 300	Alphanumeric Field 1	80	AN		
VA300-1	Software Developer ID	10	AN	Required Entry.	
VA300-2	Paid Prep name	31	AN		
VA300-3	Prep Phone Number	10	AN		
VA300-4	Non-paid prep	13	AN		
VA300-5	Prep State EIN	16	AN		
IRS 305	Alphanumeric Field 2	80	AN		
VA305-1	Fed. Data Ind. Flag	1	AN	Required Entry. Value = "V" (variable data)	
VA305-2	VA Form Code	1	AN	Required Entry. Values = "N" (form 763)	
VA305-3	VA Filing Status	1	N	Required Entry.	
V71000 0	V/ ( I III I G Clatac	1	.,	Values = "1" – Single	
				"2" – Married, filing joint;	
				"3" – Married, spouse has no income from any	
				source	
				"4" – Married filing separate return	1

<sup>\*\*</sup> Numeric fields should be padded with zeroes.

VA305-4	Head of Household		1	AN	Value = "X" if federal filing status is head of household	
VA305-5	Yourself exemption		1	N	Required Entry.	
	•				763 Value = 1 if filing status is "1" or "4".	
					Value =2 if filing status is "2" or "3".	
VA305-6	65 or over exemption for		1	N	Required Entry.	
	Primary TP				If filing status is "1" or "4", Value = 1 for over 65 years. If filing	
	• •				status is "2" or "3" and primary and secondary are over 65,	
					Value = 2.	
VA305-7	Blind exemption for		1	N	Required Entry.	
	Primary TP				763 If filing status is "1" or "4", Value = space for not blind	
					or Value = 1 for blind. If filing status is "2" or "3" and primary	
					and secondary are blind,	
					Value = 2.	
VA305-8	Dependents		2	N	Required Entry. Value = 00 through 99	
VA305-9	Total Exemptions		2	N	Required Entry. Value = 01 through 99	
VA305-3	Spouse's exemption		1	N	763, NOT USED.	
VA305-10	65 or over exemption for		1	N	100, 110 1 0025.	
V/1000-11	Spouse		'	14	<b>763</b> , NOT USED.	
VA305-12	Blind exemption for Spouse		1	N	763, NOT USED.	
VA305-12	Dependents		2	N	763, NOT USED.	
VA305-13	Total Exemptions		2	N	763, NOT USED.	
VA305-14 VA305-15	Dependent on Another's Rtn		1	A	Value must = "X" if claimed as a dependent on another's	
VA303-13	Dependent on Another's 1tm		'		return or else space.	
VA305-16	Farmer/Fisherman		1	Α	Value = "X" if farmer/fisherman or else space.	
VA305-10	Overseas when rtn due		1	A	Value = "X" if overseas on due date or else space.	
VA305-17 VA305-18	Coalfield Employment		1	A	value - X ii overseas on due date of else space.	
VA303-10	Enhancement Credit		'	_ ^	NOT ALLOWED FOR ELF RETURNS	
VA305-19	Credit Card		1	Α	Value = "X" if paying by credit card or else blank	
VA305-19 VA305-20	Primary TP's business phone		10	A	value - X ii paying by credit card or else blank	
VA303-20	number		10	A	Area Code and number, else spaces	
VA305-21	Spouse's business phone		10	Α	Alea Code and number, else spaces	
VA303-21	number		10	_ ^	Area Code and number, else spaces	
VA305-22	Date primary moved to or from		5	N	Alea Code and number, else spaces	
VA303-22	VA		3	IN	<b>763</b> , NOT USED.	
VA305-23	Date Spouse moved to or from		5	N	703, NOT OOLD.	
VA303-23	•		5	IN	<b>763</b> , NOT USED.	
VA305-24	VA Authorization for TAX to discuss		1	Α	Value = "X" if tp authorizes TAX to discuss return with	
VA303-24			'	_ ^	preparer.	
VA305-25	rtn with preparer State of Residence		2	۸	763, Taxpayer's state of residence.	
VA305-25 VA305-26			1	A	763, NOT USED.	
	Name or Filing Change		1	A	763, NOT OSED.  763, Value ="X" if name and address has NOT changed since	
VA305-27	Address Change		'	Α	last filed return, otherwise blank.	
VA305-28	VA return not filed lest year		1	٨	763, NOT USED.	
VA305-28 VA305-29	VA return not filed last year Fixed Date Conformity		1 1	A	Value ="X" if Fixed Date Conformity adjustments were made	
VA303-29	i ized Date Comonnity		'	A	to the return.	
VA305-30	Addition from form 760C		1	Α	763, NOT USED.	
VA305-30 VA305-31	Addition from form 760F		1		763, NOT USED.	
VA305-31 VA305-32	Prepared by Paid Tax Preparer		1	A	rod, NOT OOLD.	
VA303-32	Frepared by Falu Tax Freparer		'	Α.	<b>763</b> , NOT USED.	
VA305-33	Other Subtractions Code 1	763, Line 39a	2	AN	rus, NOT USED.	
v A303-33	Other Subtractions Code 1	700, LIIIC 03a		AIN	Enter valid authtraction code or anges	****
					Enter valid subtraction code or spaces.	

<sup>\*\*</sup> Numeric fields should be padded with zeroes.

VA305-34	Other Subtractions Code 2	763, Line 39b	2	AN		
VA303-34	Other Subtractions Code 2	7 00, Emilio deb		AIN	Enter valid subtraction code or spaces.	****
VA305-35	Other Subtractions Code 3	763, Line 39c	2	AN	Enter valid subtraction code or spaces.	
VA303-33	Other Subtractions Code 5	7 00, 21110 000		ΔIN	Enter valid subtraction code or spaces.	****
VA305-36	Political Contribution Indicator		1	AN	Used if only Schedule CR credit claimed is the political	
VA303-30	1 offical contribution indicator		'	AIN	contribution credit.	
VA305-37	Filing Election		1		Should equal "0" or "7".	
	Disability Income Indicator - Primary		1	AN	Value = "X" if Diability Income subtraction (763 line 37) was	
VA303-30	Disability income indicator - i filliary		'	AIN	taken by primary taxpayer, else space	
V/A305 30 I	Disability Income Indicator - Spouse		1	AN	Value = "X" if Diability Income subtraction ( 763 line 37) was	
VA303-39	Disability income indicator - Spouse		'	ΔIN	taken by spouse, else space	
VA305.40	Taxpayer Deceased Primary		1	AN	Value = "X" if primary taxpayer is deceased	
	Taxpayer Deceased Frilliary Taxpayer Deceased Spouse		1	AN	Value = "X" if spouse is deceased	
VA305-41 VA305-42			5		NACTP Code OR VA TAX Assigned Vendor Code. This is a	
VA305-42	vendor id		5	AIN	required entry.	
IRS310 A	Alphanumeric Field 3		80			
VA310-1	Date of residence from primary		8	N		
	tp				<b>763</b> , NOT USED.	
VA310-2	Date of residence to primary tp		8	N		
					<b>763</b> , NOT USED.	
VA310-3	Date of residence from Spouse		8	N		
					<b>763</b> , NOT USED.	
VA310-4	Date of residence to Spouse		8	N	<b>763</b> , NOT USED.	
	Federal Adjusted Gross Income	763, Line 6	11	N		
VA310-5	•				MUST BE Zero Padded	
	VA310-5 Sign		1	AN	"-" for negative, space for positive number	
VA310-6	Federal Adjusted Gross Income		11	N		
	•				<b>763</b> , NOT USED.	
	VA310-6 Sign		1	AN	<b>763</b> , NOT USED.	
	Additions	763 Line 7	11	N		
VA310-7					Must be zero padded.	
VA310-1					Additions from Field 565	
	VA310-7 Filler		1	AN		
					Must equal space	
VA310-8	Additions		11	N	763, NOT USED.	
	VA310-8 Filler		1	AN	763, NOT USED.	
IRS 315	Alphanumeric Field 4	762 Line 0	80	A 1	The sum of Fields 240 F and 240 7. MANUDE NEGATIVE	
VA315-1	Subtotal	763 Line 8	11	N	The sum of Fields 310-5 and 310-7. MAY BE NEGATIVE.	
	VA315-1 Sign		1	AN	"-" for negative, space for positive number	
VA315-2	Subtotal		11	N	763, NOT USED.	
	VA315-2 Sign	700 1: 00:	1	AN	763, NOT USED.	
VA315-3	Age deduction for	763, Line 33b Column B	5	N	Must be zero padded.	
	primary taxpayer	Coluitiii D				
		700 11 22			(See form instructions)	
VA315-4	Age deduction for Spouse	763, Line 33b Column A	5	N	Must be zero padded.	
		1			(See form instructions)	
					(See form instructions)	
VA315-5	Combined Age Deduction	763, Line 33c	5	N	Must be zero padded.	

<sup>\*\*</sup> Numeric fields should be padded with zeroes.

	Social Security & Tier I Railroad	763, Line 36	11	N	Must be zero padded.	
VA245 C	Retirement claimed on Federal				Enter only the amount of Social Security or Tier I Railroad	
VA315-6	return as income				Retirement included in FAGI (Field 310-5)	
	VA315-6 Filler		1	AN	Must equal space	
	State Tax Refund claimed on	763, Line 34	11	N		
	Federal return as income				Must be zero padded.	
VA315-7					Enter only the amount of State Tax Refund included in FAGI	
					(Field 310-5).	
	VA315-7 Filler		1	AN	Must equal space	
	Other Subtractions	763, Line 9	11	N	Must be zero padded.	
VA315-8					Must match field 670.	
	VA315-8 Filler		1	AN	Must equal space	
VA315-9	Filler		5		NOT USED.	
IRS 320	Alphanumeric Field 5		80			
VA320-1	Total Subtractions		11	N	<b>763</b> , NOT USED.	
	VA320-1 Filler	700 11 10	1	AN	763, NOT USED.	
	Total Virginia Adjusted Gross	763, Line 10	11	N	Must be zero padded.	
VA320-2	Income				the difference between Fields 315-1 and 315-8.	
	VA320-2 Sign		1	AN	"-" for negative, space for positive number	
VA320-3	Subtractions		11	N	<b>763</b> , NOT USED.	
V71020 0	VA320-3 Filler		1	AN	763, NOT USED.	
	Virginia Adjusted Gross Income		11	N		
1/4220 4						
VA320-4					<b>763</b> , NOT USED.	
	VA320-4 Sign		1	AN	<b>763</b> , NOT USED.	
	Federal Itemized Deductions	763, Line 42	11	N	Must be zero padded.	
VA320-5					Total Federal Itemized Deductions claimed on Schedule A.	
	VA320-5 Filler		1	AN	Must equal space	
VA320-6	State and Local Income Taxes	763, Line 43	11	N	State and Local Income taxes claimed on Schedule A	
VA320-0	VA320-6 Filler		1	AN	Must equal space	
VA320-7	Filler		8		NOT USED	
IRS325	Alphanumeric Field 6		80	AN		****
IRS330	Alphanumeric Field 7		80	AN		****
		********* Signe	d Numeri		tion ************************************	
IRS 350	Filler		12	N	NOT USED	
IRS 355	Standard Deduction		11	N	<b>763</b> , NOT USED.	
1110 000	IRS 355 Filler		1	AN	763, NOT USED.	
IRS 360	Itemized Deductions		11	N	<b>763</b> , NOT USED.	
	IRS 360 Filler		1	AN	763, NOT USED.	
IRS 365	Itemized Deductions		11	N	763, NOT USED.	
	IRS 365 Filler	700 Line 44	1	AN	763, NOT USED.	
	Standard or Itemized Deductions	763, Line 44	11	N	Must be the difference between Field 320-5 and 320-6 for	
IRS 370					itemized deductions or the standard deduction based on the	
	IDC 270 Filler		4	AAI	filing status.	
	IRS 370 Filler	763, Line 12	1 11	AN	Must equal space	
IRS 375	Personal Exemption Amount	1 00, LIIIC 12		N	Must be zero padded	
	IRS 375 Filler		1	AN	Must equal space	
IRS 380	Personal Exemption Amount		11	N	763, NOT USED.	
	IRS 380 Filler		1	AN	763, NOT USED.	

<sup>\*\*</sup> Numeric fields should be padded with zeroes.

	Child & Dependent Care	763, Line 13	11	N	Must be zero padded	
IRS 385					Enter amount used to compute federal child care credit while	
1110 000					a Virginia resident.	
	IRS 385 Filler		1	AN	Must equal space	
IDO 200	Child & Dependent Care		11	N	763, NOT USED.	
	IRS 390 Filler		1	AN	<b>763</b> , NOT USED.	
IDC 205	Subtotal	763, Line 14	11	N	Field 540 PLUS Fields 375 and 385	
IRS 395	IRS 395 Filler		1	AN	Must equal space	
IDC 400	Subtotal		11	N	<b>763</b> , NOT USED.	
IKS 400	IRS 400 Filler		1	AN	<b>763</b> , NOT USED.	
IDQ 105	Virginia Taxable Income	763, Line 15	11	N	Must be zero padded	
INS 405	IRS 405 Sign		1	AN	"-" for negative, space for positive number	
IDC /10	Virginia Taxable Income		11	N	<b>763</b> , NOT USED.	
110 410	IRS 410 Sign		1	AN	<b>763</b> , NOT USED.	
	Percentage	Line 16	11	N	Must be zero padded	
IRS 415					Must equal Field 865.	
	IRS 415 Filler		1	AN	Must equal space	
	Nonresident Taxable Income	Line 17	11	N	Must be zero padded	
IRS 420					Multiply Field 405 by Field 415.	
	IRS 420 Sign		1	AN	"-" for negative, space for positive number	
	Tax	763, Line 18	11	N	Must be zero padded	
IRS 425					Must equal Taxable income (Field 405) multiplied by	
1110 420					appropriate tax rate. If result is negative, change to zero.	
	IRS 425 Filler		1	AN	Must equal space	
	Primary Virginia Adjusted Gross		11	N	must squar spuss	
IRS 430	Income		''	11	<b>763</b> , NOT USED.	
1110 100	IRS 430 Sign		1	AN	763, NOT USED.	
	Spouse's Virginia Adjusted Gross		11	N	100,1101 0025.	
IRS 435	Income		''	.,	<b>763</b> , NOT USED.	
	IRS 435 Sign		1	AN	<b>763</b> , NOT USED.	
	Spouse Tax Adjustment		11	N	<b>763</b> , NOT USED.	
IRS 440	IRS 440 Filler		1	AN	763, NOT USED.	
100 445	Net Amount of Tax		11	N	763, NOT USED.	
IRS 445	IRS 445 Filler		1	AN	763, NOT USED.	
	Primary tp's VA withholding	763, Line 19(a)	11	N	Must be zero padded	
IRS 450	a., p og				Virginia withholding for primary taxpayer.	
	IRS 450 Filler		1	AN	Must be space	
	Spouse's VA withholding	763, Line 19b	11	N	Must be space  Must be zero padded	
IDO 455	opeded a VV With loaning	,	''	'		
IRS 455					Spouse's Withholding	
	IRS 455 Filler		1	AN	Must be space	
IRS 460	FILLER		12	N	NOT USED.	
	Estimated tax payments	763, Line 19(c)	11	N	Must be zero padded	
IRS 465	IRS 465 Filler		1	AN	Must be space	
IDO 470	Extension payments	763, Line 19(d)	11	N	Must be zero padded	
IRS 470	IRS 470 Filler		1	AN	Must be space	

<sup>\*\*</sup> Numeric fields should be padded with zeroes.

IRS 475	Tax Credit for Low Income Individuals  IRS 475 Filler	763, Line 19(e)	11	AN	Must be zero padded Value = \$300 per qualifying exemptions or the amount of Tax (Field 445), whichever is less. 760CG page 2 must be included in unformatted record if there is an entry in this field. Qualifying exemptions are Yourself + Spouse + Dependents. This credit may not be claimed if the following are claimed: Virginia National Guard Subtraction Military Pay Subtraction State and Federal Employee Subtraction Blind or 65+ exemptions Age Deduction The total Family Virginia Adjusted Gross Income reported by taxpayer, spouse and any dependents must be equal to or below the Federal poverty threshold. The Federal Poverty Thresholds are: Exemptions Threshold  1 \$9,570 2 12,830 3 16,090 4 19,350 5 22,610 6 25,870 For each additional person, spouse and dependent exemption, add \$3,260 to the poverty threshold. Must be space	****
IRS 480	Credit for Tax paid to another state	763, Line 19(f)	11	N	Must be zero padded Only valid for MD and NC out of state tax credits.	****
IRS 485	Other Credits  IRS 485 Filler	763, Line 19(g)	1 11	AN N AN	Must be space  Must be zero padded.  Credits from Schedule CR (Field 485) cannot be greater than \$25 when Filing Status (Field 305-3) is 1 or 3 and \$50 when Filing Status (Field 305-3) is 2 or 4.  Must be space	
IRS 490	Total payments and credits	763, Line 20	11	N	Must be zero padded.  Must be the sum of Fields 450, 455, 465, 470, 475, 480 and 485.	
IRS 495	IRS 490 Filler Tax you owe	763, Line 21	1 11	AN N	Must be space Must be zero padded. If Field 445 is greater than Field 490, this must equal the difference.	
IRS 500	IRS 495 Filler Tax you overpaid	763, Line 22	1 11	AN N	Must be space Must be zero padded. If (Field 490 is greater than Field 445, this must equal the difference.	
IRS 505	from Schedule NPY	763, Line 23	1 11	AN N	Must be space Must be zero padded. From Schedule NPY.	
	IRS 505 Filler		1	AN	Must be space	

<sup>\*\*</sup> Numeric fields should be padded with zeroes.

	Credit to next year's estimated	763, Line 24	11	N	Must be zero padded.	
IRS 510						
					Must be equal to or less than Tax overpaid (Field 500).	
	IRS 510 Filler		1	AN	Must be space	
	Contributions and Consumer's Use	763, Line 25	11	N	Must be zero padded.	
IRS 515	Tax from Schedule NPY				From Schedule NPY	
	IRS 515 Filler		1	AN	Must be space	
	Addition to tax, penalty, and interest	763, Line 26	11	N	Must be zero padded.	
	plus amount to be credited to next					
IRS 520	year's estimated taxes plus				Must be the sum of Field 505, Field 535, Field 510, and Field	
IKO 520	contributions and consumer's use				515.	
	tax from Schedule NPY					
	IRS 520 Filler		1	AN	Must be space	
	Amount Due	763, Line 27	11		If Field 495 is significant, add Field 495 and Field 520 OR	
					if Field 500 is significant and Field 520 is larger than Field	
IRS 525					500, enter the difference.	
	IRS 525 Filler		1	AN	Must be space	
	Refund	763, Line 28	11		If Field 500 is larger than Field 520, enter the difference.	
IRS 530	IRS 530 Filler		1	AN	Must be space	
	Amount to be credited to 2003		11	N	max 22 option	
IRS 535	Estimated		''		<b>763</b> , NOT USED.	
	IRS 535 Filler		1	AN	763, NOT USED.	
	Deductions	763 Line 11	11	N	Must equal Field 880 or Field 370.	
IRS 540	IRS 540 Filler		1	AN	Must be space	
	Interest	763, Line 29	11	N	Interest on obligations of other states exempt from federal tax	
IRS 545					and earned while a VA resident.	
	IRS 545 Filler		1	AN	Must be space	
IRS 550	Interest		11	N	763, NOT USED.	
11/3 330	IRS 550 Filler		1	AN	763, NOT USED.	
IRS 555	Other additions	763, Line 30	11	N		
11/0 000	IRS 555 Filler		1	AN	Must be space	
IRS 560	Other additions		11	N	763, NOT USED.	
INO 300	IRS 560 Filler		1	AN	763, NOT USED.	
	Total additions	763, Line 32	11	N		
IRS 565					Must be the sum of Field 545 and Field 555.	
	IRS 565 Filler		1	AN	Must be space	
IRS 570	Total additions		11	N	<b>763</b> , NOT USED.	
1110 0/10	IRS 570 Filler		1	AN	763, NOT USED.	
IRS 575	State tax refund		11	N	763, NOT USED.	
1170 0/10	IRS 575 Filler		1	AN	763, NOT USED.	
	Income attributable to period of		11	N		
IRS 580	residence outside of VA				<b>763</b> , NOT USED.	

<sup>\*\*</sup> Numeric fields should be padded with zeroes.

#### **UNFORMATTED LAYOUT**

(Tax Year 2005)

#### **UNFORMATTED STATE RECORDS**

The Unformatted State Records Section will be utilized for the capture of the entire Federal return and wage records (W2, W2-G, and 1099-R). We will also use the unformatted record to capture the information from page 2 of the 760CG and 760PY, Schedule FED and the Schedule NPY, Schedule OSC, Virginia Supplemental Schedule-MD, Virginia Schedule-NC, and wage and tax statements (1099-G, 1099-Misc). The federal data should be identical to the IRS data with the exception of four characters. (See Appendix) For these characters, a state character should be substituted for the corresponding IRS value. The characters are as follows:

IRS Character	Substitution Character	ASCII Hex	EBCDIC Hex
***	!!!!	21212121	5A5A5A5A
[	{	7B	C0
]	}	7D	D0
#	\$	24	5B

Each unformatted record provides 60 data lines, each 80 bytes in length, following the header section of the record. All 60 lines should be used before another unformatted record is used. Any unused space within the 80-byte data line should be filled with blanks.

2004 VA-1346 6

# 2005 760CG Page 2 - Unformatted Record

Field	Identification	Line	Length	Type	Edits, Comments & Validations	Changed
	Byte Count		4		"nnnn" for variable format	
	Start of Record Sentinel		4		"!!!!"	
	Record ID		8	AN	"FRM760P2"	
	Taxpayer ID Number		9	N	Primary Taxpayer's SSN	
	Taxpayer deceased		1	N	Values: 0 - No taxpayers are deceased	
0000	Taxpayor addedddd				1 - Primary taxpayer is deceased	
					2 - Secondary taxpayer is deceased	****
					3 - Both taxpayers are deceased	
	Total Additions Devolts and Interest		11	N.I.	Sum of <b>ADJ</b> fields 0059, 0062 and 0065	
	Total Additions, Penalty and Interest		11	N	,	
	0051 Filler		1	AN	Must be space	
1111:17	Total Voluntary Contributions		11	N	Sum of <b>ADJ</b> fields 0068, 0070, 0072, 0074, 0076 and 0078.	
	0052 Filler		1	AN	Must be space	
0053	Interest on obligations of other states	Line 1	11	N		
	0053 Filler		1	AN	Must be space	
	Other additions, Fixed Date	Line 2a	11	N		
0054	Conformity Adjustment Amount					
	0054 Filler		1	AN	Must be space	
0055	Other additions code	Line 2b	2	Ν	Values: 00 – Not allowed for ELF	
					10 - Interest of federally exempt US obligations	
					11 - Accumulation distribution	
					12 - Lump-sum distribution	
					99 – Other Additions	
-	Other Additions Amount	Line 2b	11	N	33 - Other Additions	
וחרווו	0056 Filler	LINE ZD	1	AN	Must be space	
		1: 0-			Values: 00 – Not allowed for ELF	
0057	Other additions code	Line 2c	2	N		
					10 - Interest of federally exempt US obligations	
					11 - Accumulation distribution	
					12 - Lump-sum distribution	
					99 – Other Additions	
ווווח	Other Additions Amount	Line 2c	11	N		
	0058 Filler		1	AN	Must be space	
0050	Total Additions	Line 3	11	N	Total of Lines 1 through 2c	
0039	0059 Filler		1	AN	Must be space	
	Income from obligations or securities	Line 4	11	N		
	of the U.S.					
	0060 Filler		1	AN	Must be space	
	Disability income Reported as wages	Line 5	11	N	1	
0061	Bloading moonie reperted de wagee	Lino		.,		
	0061 Filler		1	AN	Must be space	
					inust be space	
		Lina Ga	11			
	Other subtractions, Fixed Date	Line 6a	11	N		
0062	Other subtractions, Fixed Date Conformity Adjustment	Line 6a			Mushlasasas	
0062	Other subtractions, Fixed Date Conformity Adjustment 0062 Filler		1	AN	Must be space	
0062	Other subtractions, Fixed Date Conformity Adjustment	Line 6a			Must be space	
0062	Other subtractions, Fixed Date Conformity Adjustment 0062 Filler		1	AN	·	
0062	Other subtractions, Fixed Date Conformity Adjustment 0062 Filler		1	AN	Must be space  Values: 00 – Not allowed for ELF	
0062	Other subtractions, Fixed Date Conformity Adjustment 0062 Filler		1	AN	·	
0062	Other subtractions, Fixed Date Conformity Adjustment 0062 Filler		1	AN	Values: 00 – Not allowed for ELF 20 - Virginia obligations	
0062	Other subtractions, Fixed Date Conformity Adjustment 0062 Filler		1	AN	Values: 00 – Not allowed for ELF 20 - Virginia obligations 21 - Federal work opportunity tax credit wages	
0062	Other subtractions, Fixed Date Conformity Adjustment 0062 Filler		1	AN	Values: 00 – Not allowed for ELF 20 - Virginia obligations 21 - Federal work opportunity tax credit wages 22 - Tier 2 & other Railroad Retirement and Railroad Unemployment	
0062	Other subtractions, Fixed Date Conformity Adjustment 0062 Filler		1	AN	Values: 00 – Not allowed for ELF 20 - Virginia obligations 21 - Federal work opportunity tax credit wages 22 - Tier 2 & other Railroad Retirement and Railroad Unemployment benefits	
0062	Other subtractions, Fixed Date Conformity Adjustment 0062 Filler		1	AN	Values: 00 – Not allowed for ELF 20 - Virginia obligations 21 - Federal work opportunity tax credit wages 22 - Tier 2 & other Railroad Retirement and Railroad Unemployment benefits 23 - Charitable mileage	
0062	Other subtractions, Fixed Date Conformity Adjustment 0062 Filler		1	AN	Values: 00 – Not allowed for ELF 20 - Virginia obligations 21 - Federal work opportunity tax credit wages 22 - Tier 2 & other Railroad Retirement and Railroad Unemployment benefits 23 - Charitable mileage 24 - Virginia Lottery prizes	
0062	Other subtractions, Fixed Date Conformity Adjustment 0062 Filler		1	AN	Values: 00 – Not allowed for ELF 20 - Virginia obligations 21 - Federal work opportunity tax credit wages 22 - Tier 2 & other Railroad Retirement and Railroad Unemployment benefits 23 - Charitable mileage 24 - Virginia Lottery prizes 25 - Foster care	
0062	Other subtractions, Fixed Date Conformity Adjustment 0062 Filler		1	AN	Values: 00 – Not allowed for ELF 20 - Virginia obligations 21 - Federal work opportunity tax credit wages 22 - Tier 2 & other Railroad Retirement and Railroad Unemployment benefits 23 - Charitable mileage 24 - Virginia Lottery prizes 25 - Foster care 28 - Virginia National Guard	
0062	Other subtractions, Fixed Date Conformity Adjustment 0062 Filler		1	AN	Values: 00 – Not allowed for ELF 20 - Virginia obligations 21 - Federal work opportunity tax credit wages 22 - Tier 2 & other Railroad Retirement and Railroad Unemployment benefits 23 - Charitable mileage 24 - Virginia Lottery prizes 25 - Foster care	
0062	Other subtractions, Fixed Date Conformity Adjustment 0062 Filler		1	AN	Values: 00 – Not allowed for ELF 20 - Virginia obligations 21 - Federal work opportunity tax credit wages 22 - Tier 2 & other Railroad Retirement and Railroad Unemployment benefits 23 - Charitable mileage 24 - Virginia Lottery prizes 25 - Foster care 28 - Virginia National Guard	
0062	Other subtractions, Fixed Date Conformity Adjustment 0062 Filler		1	AN	Values: 00 – Not allowed for ELF 20 - Virginia obligations 21 - Federal work opportunity tax credit wages 22 - Tier 2 & other Railroad Retirement and Railroad Unemployment benefits 23 - Charitable mileage 24 - Virginia Lottery prizes 25 - Foster care 28 - Virginia National Guard 29 - Operation Joint Endeavor Combat Pay	

## 2005 760CG Page 2 - Unformatted Record

Field	Identification	Line	Length	Туре	Edits, Comments & Validations	Changed
					32 - Bone marrow screening fee	
					33 - Virginia College savings plan Prepaid Tuition contract Payments	
					and Savings Account Contributions	
					34 - Virginia College Savings Plan Income Distribution or Refund	
					35 - Continuing Teacher Education	
					36 - Long Term Health Care Premiums	
					37 - Unemployment Compensation Benefits	
					38 - First \$15,000 basic military pay	
					39 - Federal & State employees	
					40 - Income received by Holocaust Victims	
					41 - Payments made under the Tobacco Settlement	
					42 - Gain on sale of land for open space use	
					43 - Virginia Public School Construction Grants program & fund	
					44 - Medal of Honor Recipients	
					45 - Avian Influenza	
					46 - Military Death Gratuity Payments	
					47 - Peanut Quota Buyout	
					99 - NOT ALLOWED FOR ELF	
0064	Other Subtractions Amount	Line 6b	11	Ν		
	0064 Filler		1	AN	Must be space	
0065	Other Stubtractions Code	Line 6c	2	Ν		
0066	Other Subtractions Amount	Line 6c	11	N		
0000	0064 Filler		1	AN	Must be space	
0067	Other Stubtractions Code	Line 6d	2	N		
0068	Other Subtractions Amount	Line 6d	11	N		
0000	0064 Filler		1	AN	Must be space	
0069	Other Subtractions Total	Line 7	11	N	Sum of Lines 4 through Line 6d	
0009	0064 Filler		1	AN	Must be space	
0070	Yourself - Name	Line 8a	25	AN		
0071	Yourself - SSN	Line 8a	9	N		
0072	Yourself - VAGI	Line 8a	11	N		
0072	0072 Sign		1	AN	"-" for negative, space for positive number	
0073	Spouse - Name	Line 8b	25	AN		
0074	Spouse - SSN	Line 8b	9	N		
0075	Spouse - VAGI	Line 8b	11	N		
0075	0075 Sign		1	AN	"-" for negative, space for positive number	
	Dependent -Name	Line 8c	25	AN		
0077	Dependent - SSN	Line 8c	9	N		
0070	Dependent - VAGI	Line 8c	11	N		
00/8	0078 Sign		1	AN	"-" for negative, space for positive number	
	Dependent -Name	Line 8d	25	AN		
0080	Dependent - SSN	Line 8d	9	N		
0004	Dependent - VAGI	Line 8d	11	N		
0081	0081 Sign		1	AN	"-" for negative, space for positive number	
0082	Dependent -Name	Line 8e	25	AN		
0083	Dependent - SSN	Line 8e	9	N		
000	Dependent - VAGI	Line 8e	11	N		
0084	0084 Sign		1	AN	"-" for negative, space for positive number	
0085	Dependent -Name	Line 8f	25	AN	- agains, space or beautiful institute.	
0086	Dependent - SSN	Line 8f	9	N		
3000	Dependent - VAGI	Line 8f	11	N		
0087	0087 Sign	21110 01	1	AN	"-" for negative, space for positive number	
	Family VAGI	Line 8g	11	N	Total family VAGI includes fields, 0072, 0075, 0078, 0081, 0084 and	
	•	Line og	''	1 1	0087. If additional dependents beyond 8f were used, their VAGI	
0088					amounts must be added to the total as well.	
	0088 Sign		1	AN	"-" for negative, space for positive number	
	บบบบ วิเนา		ı	ΑN	- 101 hegalive, space for positive number	

## 2005 760CG Page 2 - Unformatted Record

Field	Identification	Line	Length	Type	Edits, Comments & Validations	Changed
0089	Total Exemptions	Line 9	2		Must equal number of persons listed on lines 8a through 8f PLUS	
					additional dependents used that could not be listed because of	
					unavailable fields.	
0090	Exemption total	Line 10	2	N	Must equal 760 fields 305-5, plus 305-10, plus 305-13	
	Exemptions from return multiplied by	Line 11	11	N		
0091	300				Line 10 multiplied by \$300	
	0091 Filler		1	AN	Must be space	
0000	Credit Amount	Line 12	11	N	Lesser of line 11 or tax on 760, line 17	
0092	0092 Filler		1	AN	Must be space	
0093	Primary Taxpayer Date of Birth		6	N	MMDDYY Complete for filing statuses 2 or 3 when field 315-3 or	
					315-4 is greater than zero.	
	Primary taxpayer's Adjusted FAGI		11	N	All taxpayers born on or after January 2, 1939 and are eligible to claim	
					an age deduction, enter the Adjusted Federal Gross Income (AFAGI)	
0094					as calculated using the "Age 65 And Older Age Deduction Work	
0094					Sheet". Complete for filing statuses 2 or 3 when field 315-3 or 315-4 is	
					greater than zero.	
	0094 Sign		1	AN	"-" for negative, space for positive number	
0095	Spouse's Date of Birth		6	N	MMDDYY Complete for filing statuses 2 or 3 when field 315-3 or	
					315-4 is greater than zero.	
	Spouse's Adjusted FAGI		11	N		
					All taxpayers born on or after January 2, 1939 and are eligible to claim	
0096					an age deduction, Enter the Adjusted Federal Gross Income (AFAGI)	
0090					as calculated using the "Age Deduction Work Sheet". Complete for	
					filing statuses 2 or 3 when field 315-3 or 315-4 is greater than zero.	
	0096 Sign		1	AN	"-" for negative, space for positive number	
0097	Disability income indicator		1	N	Values = 1 if primary taxpayer has claimed the subtraction	
	-				2 if spouse has claimed the subtraction	
					3 if both taxpayers have claimed the subtraction	
	Record Terminus		1		Value "\$"	

Field	Identification	Line	Length	Type	Edits, Comments & Validations	Changed
	Byte Count		4		"nnnn" for variable format	
	Start of Record Sentinel		4		"!!!!"	
	Record ID		8	AN	"SCHEDADJ"	
0003	Taxpayer ID Number		9	N	Primary Taxpayer's SSN	
	Taxable income on other states return	Line 13	11	N		
0050					Only valid for MD and NC	****
	0050 Sign		1	AN	"-" for negative, space for positive number	
0051	Virginia taxable income	Line 14	11	N	Only valid for MD and NC	****
0051	0051 Sign		1	AN	"-" for negative, space for positive number	
0052	Tax paid to other state	Line 15	11	N	Only valid for MD and NC	****
0032	0052 Filler		1		Must be space	
0053	Name of state	Line 15a	2		MD OR NC Only	****
0054	Virginia income tax	Line 16	11	N	Only valid for MD and NC	****
0054	0053 Filler		1	AN	Must be space	
0055	Income percentage	Line 17	5	N	Only valid for MD and NC	****
0056	percentage of VA tax 0056 Filler	Line 18	11	N	Only valid for MD and NC	****
0030	0056 Filler		1	AN	Must be space	
0057	Credit Amount	Line 19	11		Only valid for MD and NC	****
0031	0057 Filler		1	AN	Must be space	
0058	Border State Indicator	Line 19a	1	AN	Only valid for MD and NC	****
0059	Addition to tax	Line 20	11	N		
0039	0059 Filler		1	AN	Must be space	
0060	760C Indicator	Line 20a	1	AN	"X" to indicate addition is from form 760C	
0061	760F Indicator	Line 20b	1	AN	"X" to indicate addition is from form 760F	
0062	Late Filing or Extension Penalty	Line 21	11	N		
0002	0062 Filler		1	AN	Must be space	
0063	Late Filing Penalty Indicator	Line 21a	1	AN		
					"X" to indicate taxpayer is liable for late filing penalty	
0064	Extension Penalty Indicator	Line 21b	1	AN	, ,	
	•				"X" to indicate taxpayer is liable for extension penalty	
0005	Interest	Line 22	11	N	1.7	
0065	0065 Filler		1	AN	Must be space	
	Consumer's Use Tax	Line 23	11	N		
0066					M. dh	
	0066 Filler		1	AN	Must be space	

Einlei		1!	Longith	Trees	Edita Commanta O Validatiana	Oh 1
Field	Identification	Line	Length		Edits, Comments & Validations	Changed *****
0067	Voluntary Contribution code1	Line 24a	2		00 – NOT ALLOWED FOR ELF	
					60 - Virginia Non-game Wildlife Program	Codes 69,
					61 - Democratic Political Party	70 and 77
					62 - Republican Political Party	have been
					63 - U.S. Olympic Committee	deleted.
					64 - Virginia Housing Program	Code 87
					65 - Elderly & Disabled Transportation Fund	has been
					66 - Community Policing Fund	added
					67 - Virginia Arts Foundation	
					68 - Open Space Recreation & Conservation Fund	
					71 - Chesapeake Restoration Fund	
					72 - Family & Children's Trust Fund (FACT)	
					73 - Virginia's State Forests Fund	
					74 - VA's Uninsured Medical Catastrophe Fund	
					75 - Jamestown-Yorktown Foundation	
					76 - Historic Resources Fund	
					78 - Children of America Finding Hope Inc.	
					79 – Virginia Transplant Council	
					80 – 4-H Educational Centers (4-H Camp)	
					81 – Home Energy Assistance Fund	
					82 - VA War Memorial Foundation & National D-Day Memorial	
					Foundation	
					83 – Virginia Commission for the Arts	
					84 – Virginia Federation of Humane Societies	
					85 – Tuition Assistance Grant Fund	
					86 – Spay and Neuter Fund	
					87 – Govener's Office of Commonwealth Preparedness ***	
0068	Voluntary Contribution Amount1	Line 24a	5	N		
	Voluntary Contribution code2	Line 24b	2		Same as Line 24a codes	
	Voluntary Contribution Amount2	Line 24b	5	N		
	Voluntary Contribution code1	Line 25a	2	N	These codes can create or add to a tax due return:	
	,				71 - Chesapeake Restoration Fund	
					72 - Family & Children's Trust Fund (FACT)	
					73 - Virginia's State Forests Fund	
					74 - VA's Uninsured Medical Catastrophe Fund	
					75 - Jamestown-Yorktown Foundation	
					81 - Home Energy Assistance	
0072	Voluntary Contribution Amount1	Line 25a	5	N	••	
	Voluntary Contribution code2	Line 25b	2		Same codes as Line 25a.	
	Voluntary Contribution Amount2	Line 25b	5	N		
	Voluntary Contribution code3	Line 25c	6	N	The second secon	****
	-				These codes can create or add to a tax due return:	
					009001 — Amherst County Public Schools Education Foundation	
					013001 — Arlington Student Enterprise	
					015001 — Augusta County Public Schools Endowment Fund	
					019001 — Bedford Area Educational Foundation	
					025001 — Brunswick Education Foundation Inc	
					029001 — Buckingham County	
					003001 — Charlottesville-Albemarle Public Education Fund,	
					Inc***	
					550001 — Chesapeake Public Schools - The W. Randolph	
					Nichols Scholarship Foundation	
1					041001 — Chesterfield Public Education Foundation, Inc.	
					o i root o oriodomola i abilo Eadoation i odinadion, ino.	

Field	Identification	Line	Length	Туре	Edits, Comments & Validations	Changed
					047001 — Culpeper Schools Foundation 049001 — Cumberland County Public School Foundation Inc. 185001 — Educational Foundation for Graham High School 057001 — Essex First Educational Foundation (County) 059001 — Fairfax County Public Schools Education Foundation, Inc. 610001 — Falls Church City Public Schools, BIE Foundation 065001 — Fluvanna Education Foundation, Inc. 620001 — Franklin City Educational Foundation Inc. 069001 — Frederick County Educational Foundation 071001 — Giles County Partnership for Excellence Foundation 073001 — Gloucester County Public Schools Educational Foundation, Inc. 081001 — Greensville County Education Foundation 650001 — Hampton Educational Foundation 085001 — Hanover Education Foundation	
					660001 — Harrisonburg Public Schools Charitable Foundation 157001 — Headwaters, The Rappahannock County Public Education Foundation, Inc. 087001 — Henrico Education Foundation, Inc. 670001 — Hopewell Public School Foundation 678001 — Lexington City Schools Fund of Rockbridge Area Community Foundation (RACF) 107001 — Loudoun Education Foundation, Inc. 107002 — Loudoun School-Business Partnership 683001 — Manassas City Public Schools Education Foundation 085001 — Internation Foundation Foundation 121001 — The Maury Foundation**** 121001 — Montgomery County Education Foundation 125001 — New Kent Educational Foundation 127001 — New Kent Educational Foundation 127001 — New Kent Educational Foundation 137001 — Orange County Educational Foundation 137001 — Page County Public Education Foundation 141001 — Patrick County Education Foundation 143001 — Pittsylvania Vocational Education Foundation 143001 — Portsmouth Schools Foundation 147001 — Portsmouth Schools Foundation 147001 — Prince Edward Public Schools Endowment, Inc.	
					149001 — Prince George Alliance for Education Foundation, Inc. 153001 — Prince William County Public Schools Education Foundation Inc 750001 — Radford City School Foundation 760001 — Richmond Public Schools Education Foundation, Inc. 161001 — Roanoke County Schools Education Foundation, Inc. 161002 — Roanoke Educational Assistance Foundation 165001 — Rockingham Educational Foundation, Inc 169001 — Scott County Foundation for Excellence in Education***	

Field	Identification	Line	Length	Type	Edits, Comments & Validations	Changed
rield	Identification	Line	Length	Туре	173001 — Smyth County Education Foundation 169001 — Southwest Virginia Public Education Foundation 179001 — Stafford County Vocational Education Foundation, Inc. 790001 — Staunton City Schools Educational Endowment Fund 800001 — Suffolk Education Foundation 680001 — The Lynchburg City Schools' Education Foundation 810001 — Virginia Beach Public Schools Education Foundation 187001 — Warren County Education Endowment Inc. 191001 — Washington County, Virginia, Public School Education Foundation, Inc 840001 — Winchester Education Foundation 195001 — Wise County Schools Educational Foundation,	Changed
					Inc. 197001 — Wythe County Public Schools Foundation for Excellence, Inc.	
			_		199001 — York Foundation For Public Education, Inc	
	Voluntary Contribution Amount3	Line 25c	5	N	0	
	Voluntary Contribution code4	Line 25d	6	N	Same codes as Line 25c.	
0078	Voluntary Contribution Amount4	Line 25d	5	N	Compact Lines 20 through 25	
0081	Total Adjustments	Line 26	11	N	Sum of Lines 20 through 25.	
	0081 Filler	Line 07	1		Must be space Not allowed for ELF	
	Amount paid with original return	Line 27	11	N		
	0082 Filler	1100	1		Must be space	
HILIXX	Sum of line 27 and line 24 from 760.	Line 28	11	N	Not allowed for ELF	
	0083 Filler	l : 00	1	AN	Must be space	
0084	Overpayment	Line 29	11	N	Not allowed for ELF	
	0084 Filler	1: 20	1	AN	Must be space Not allowed for ELF	
0085	Subtract line 29 from 28 0085 Filler	Line 30	11	N		
		Line 24	1 11	AN N	Must be space Not allowed for ELF	
	Tax you owe 0086 Filler	Line 31	1	AN	Must be space	
		Line 32	11	AIN N	Not allowed for ELF	
0087	Tax you overpaid 0087 Filler	Line 32	1		Must be space	
UUBB	50% of the amount of eligible political	Line 105	2		50% of the amount of eligible political contributions subject to a	
	contributions	LINE 100		IN	limit of \$25 for individuals or \$50 for married filing jointly	
	Credit allowable this year	Line 106	2	N	Amount from line 105 or balance of maximum credit available,	
0003	Cicuit allowable tills year	LING 100		IN	whichever is less.	
0090	Filing Status Claimed on other state's	Line 13a	1	N		
2300	return				Not allowed for ELF	
0091	Taxpayer Claiming Out of State Credit	Line 13b	1	N	Not allowed for ELF	
	Record Terminus		1		Value "\$"	

Field	Identification	Line	Length	Typo	Edita Commente 9 Validations	Changed
rieia	Identification	Lille		туре	Edits, Comments & Validations "nnnn" for variable format	Changed
	Byte Count		4		"iiii"	
	Start of Record Sentinel		4	4 8 1		
0000	Record ID		8	AN	"SCHEDNPY"	
	Taxpayer ID Number	Line 4	9	N	Primary Taxpayer's SSN	
0050	Date of Birth	Line 1	8	N	F 7CODY MMDDV/V/V	
0054	Column B	Line 4	0		For 760PY only, MMDDYYYY	
0051	Date of Birth	Line 1	8	N	F. ZOODY CITY OF A MANDENAGO	
	Column A	Line O	4.4		For 760PY, filing status 2 or 4, MMDDYYYY	
0050	Age Deduction	Line 2	11	N	760PY only, \$6,000 if TP is age 62, 63 or 64 by midnight of 01/01/2003 or	
0052	Column B				\$12,000 if age 65 or over by midnight of 01/01/2003.	
	0052 Filler	130	1		Must be space	
00=0	Age Deduction	Line 2	11	N	760PY only, \$6,000 if TP is age 62, 63 or 64 by midnight of 01/01/2003 or	
0053	Column A				\$12,000 if age 65 or over by midnight of 01/01/2003.	
	0053 Filler		1		Must be space	
0054	Ratio schedule amount	Line 3	5	N	760PY only, decimal fraction from ratio schedule based on the date tp	
	Column B				moved in or out of Virginia.	
0055	Ratio schedule amount	Line 3	5	N	760PY, status 2 or 4 only, decimal fraction from ratio schedule based on the	
	Column A				date tp moved in or out of Virginia.	
	Qualifying Aged Deduction	Line 4	11	N		
0056	Column B				760PY only, Result of line 2 multiplied by line 3.	
	0056 Filler		1		Must be space	
	Qualifying Aged Deduction	Line 4	11	N		
0057	Column A				760PY, status 2 or 4 only, Result of line 2 multiplied by line 3.	
	0057 Filler		1		Must be space	
0058	Yourself Name	Part II,	25	AN		
		Line 1				
0059	Yourself SSN	Part II,	9	N		
		Line 1				
	Yourself guideline income	Part II,	8	N		
0060		Line 1				
	0060 Sign		1	AN	"-" for negative, space for positive number	
0061	Spouse	Part II,	25	AN		
		Line 2				
0062	Spouse SSN	Part II,	9	N		
		Line 2				
	Spouse guideline income	Part II,	8	N		
0063		Line 2				
	0063 Sign		1	AN	"-" for negative, space for positive number	
0064	Dependent1	Part II,	25	AN		
		Line 3				
0065	Dependent1 SSN	Part II,	9	N		
		Line 3				
	Dependent1 guideline income	Part II,	8	N		
0066		Line 3				
	0066 Sign		1	AN	"-" for negative, space for positive number	
0067	Dependent2	Part II,	25	AN		
		Line 4				
0068	Dependent2 SSN	Part II,	9	N		
		Line 4				
	Dependent2 guideline income	Part II,	8	N		
0069	_	Line 4				
	0069 Sign		1	AN	"-" for negative, space for positive number	
0070	Dependent3	Part II,	25	AN		
	-	Line 5				

Field	Identification	Line	Length	Type	Edits, Comments & Validations	Changed
0071	Dependent3 SSN	Part II, Line 5	9	N	·	
0072	Dependent3 guideline income	Part II, Line 5	8	N		
	0072 Sign		1	AN	"-" for negative, space for positive number	
0073	Dependent4	Part II, Line 6	25	AN		
0074	Dependent4 SSN	Part II, Line 6	9	Ν		
0075	Dependent4 guideline income	Part II, Line 6	8	N		
	0075 Sign		1	AN	"-" for negative, space for positive number	
0076	Total Family Guideline Income	Part II, Line 7	8	N	Total guideline income lines 1 through 6.	
	0076 Sign		1	AN	"-" for negative, space for positive number	
	Total exemptions	Part II, Line 8	3	N	Must equal number of persons listed on lines 1 through 6.	
0078	Exemptions total on return	Part II, Line 9	3	N	Must equal 760PY or 763 sum of fields 305-5, 305-8, 305-10 and 305-13.	
0079	Exemptions from return multiplied by 300	Part II, Line 10	8	N	Line 9 multiplied by 300	
	0079 Filler		1	AN	Must be space	
	Credit Amount	Part II, Line 11	8	N	must be space	
0800					Lesser of line 10 or the tax on 760PY, line 17 or 763, line 18.	
	0080 Filler		1	AN	Must be space	
0081	Taxable income on other states return, Column B	Part III, Line 1	11	N		
	0081 Sign		1	AN	"-" for negative, space for positive number	
0082	Taxable income on other states return, Column A	Part III, Line 1	11	N		
	0082 Sign		1	AN	"-" for negative, space for positive number	
0083	Virginia taxable income Column B	Part III, Line 2	11	N		
	0083 Sign		1	AN	"-" for negative, space for positive number	
	Virginia taxable income Column A	Part III, Line 2	11	N		
	0084 Sign		1	AN	"-" for negative, space for positive number	
	Tax Paid to another state Column B	Part III, Line 3	11	N		
	0085 Filler		1	AN	Must be space	
	Tax Paid to another state Column A	Part III, Line 3	11	N		
	0086 Filler		1	AN	Must be space	
0087	Name of state	Part III, Line 3	2	AN		
	Virginia Income tax Column B	Part III, Line 4	11	N		
	0088 Filler		1	AN	Must be space	
	Virginia Income tax Column A	Part III, Line 4	11	N	•	
	0089 Filler		1	AN	Must be space	
	UUUU I IIIUI	1	<u> </u>	, vi V	Innertial abase	

Field   Internation   Intern	Field	Identification	Line			Edita Commente 9 Validations	Changed
Column B						Edits, Comments & Validations	Changed
Column A				5	AIN		
Column A				5	ΛNI		
Priminary credit   Part III   Une 6   Une 6				5	AIN		
Column A   Column A			Part III	11	N		
March   Marc				11	IN		
Priminary credit				1	ΔΝ	Must be space	
October   Color   Co			Part III,			made be opade	
Ope					11		
Cardit				1	AN	Must be space	
Column B			Part III,				
March   Marc			Line 7				
Credit				1	AN	Must be space	
Column A   Line 7			Part III,	11		·	
Total   Part III   Line 8	0095	Column A	Line 7				
Operation   Content of the service		0095 Filler		1	AN	Must be space	
Must be space   Must be spac		Total		11	N		
Addition to tax			Line 8				
Description   Line 1   Line 2   Line 3   Line 4   Line 2   Line 3   Line 4   Line		0096 Filler			AN	Must be space	
0097 Filler		Addition to tax		11	N		
Must be space	0097		Line 1				
Depart   Filing box   Part							
Line 2   "X" or blank   "X" or bla						Must be space	
Penaly - extension box	0098	Penaly - late filing box		1	AN		
Demotratic Political Party - 62			Line 2				
Penally Amount						"X" or blank	
Penaly Amount	0099	Penaly - extension box		1	AN		
Penaly Amount			LINE Z			113/11	
Description   Code 61   Code 61   Code 62   Code 62   Code 62   Code 63   Code 63   Code 63   Code 63   Code 64   Code 64   Code 64   Code 65			D(I)/	4.4		"X" or blank	
O100   Filler		Penaly Amount		11	N		
Interest Amount	0100		LITIO Z				
Interest Amount		0400 Eller		4	ANI	Must be speed	
O101 Filler			Part I\/			Must be space	
0101 Filler		Interest Amount		11	IN		
Total	0101						
Total		0101 Filler		1	ΛNI	Must be space	
Code			Part IV			induct be opace	
O102 Filler		Ισιαι		1.1	IN.		
0102 Filler         1         AN         Must be space           0103 Program - 60 0103 Filler         1         AN         Must be space           0104 Filler         1         AN         Must be space           0104 Filler         1         AN         Must be space           0105 Filler         1         AN         Must be space           0106 U.S. Olympic Committee - 63         Code 63         11         N	0102					Sum of Part IV lines 1 through 3.	
Olivin   O		0102 Filler		1	AN		
0103         Program - 60         Must be space           0104         Democratic Political Party - 61         Code 61         11         N           0104         Filler         1         AN         Must be space           Republican Political Party - 62         Code 62         11         N           0105         Filler         1         AN         Must be space           U.S. Olympic Committee - 63         Code 63         11         N			Code 60				
0103 Filler         1         AN         Must be space           0104 Filler         1         AN         Must be space           0105 Filler         1         AN         Must be space           0105 Filler         1         AN         Must be space           0105 Filler         1         AN         Must be space           0106 U.S. Olympic Committee - 63         Code 63         11         N				• •			
O104         Democratic Political Party - 61         Code 61         11         N           0104 Filler         1         AN         Must be space           Republican Political Party - 62         Code 62         11         N           0105 Filler         1         AN         Must be space           U.S. Olympic Committee - 63         Code 63         11         N				1	AN	Must be space	
0104           0104 Filler         1 AN Must be space           Republican Political Party - 62         Code 62         11 N         N           0105 Filler         1 AN Must be space           U.S. Olympic Committee - 63         Code 63         11 N			Code 61			'	
Republican Political Party - 62				•			
Republican Political Party - 62		0104 Filler		1	AN	Must be space	
0105 Filler         1         AN         Must be space           U.S. Olympic Committee - 63         Code 63         11         N			Code 62	11			
U.S. Olympic Committee - 63		,					
0106		0105 Filler		1	AN	Must be space	
0106			Code 63				
0106 Filler 1 AN Must be space	0106						
		0106 Filler		1	AN	Must be space	

Field	Identification	Line	Length	Type	Edits, Comments & Validations	Changed
	Open Space Recreation &	Code 68	11	N		
0107	Conservation Fund - 68					
	0107 Filler		1	AN	Must be space	
	Virginia Housing Program - 64	Code 64	11	N		
0108						
	0108 Filler		1	AN	Must be space	
	Elderly & Disabled Transportation	Code 65	11	N		
0109	Fund - 65					
	0109 Filler		1	AN	Must be space	
	Community Policing Fund - 66	Code 66	11	N		
0110						
	0110 Filler		1	AN	Must be space	
	Virginia Arts Foundation - 67	Code 67	11	N		
0111						
	0111 Filler	0 1 70	1	AN	Must be space	
0440	Historic Resources Fund - 76	Code 76	11	N		
0112	0440 57				M 11	
0440	0112 Filler		1		Must be space	****
0113		Code 87	12	AN	NOT USED. Deleted Contribution	*****
	87 – Govener's Office of	Code or	11	N		****
0114	Commonwealth Preparedness		4	A N I	Must be speed	
0115	0114 Filler		1 12	AN AN	Must be space NOT USED. Deleted Contribution	****
0115		Code 78	11		NOT USED. Detected Continbution	
0116	Children of America Finding Hope Inc 78	Code 10	11	N		
0110	0116 Filler		4	ΛNI	Must be space	
	Virginia Transplant Council - 79	Code 79	1 11	AN N	iviust be space	
0117	Virginia Transpiant Council - 79	Code 13	11	IN		
0117	0117 Filler		1	AN	Must be space	
	4-H Educational Centers (4-H	Code 80	11	N	Widet be space	
0118	Camp) - 80	0000 00	11	IN		
0110	0118 Filler		1	AN	Must be space	
	Total Voluntary Contributions	Part V,	11	N	index 50 option	
0119	Total Voluntary Contributions	Line 2				
0110	0119 Filler		1	AN	Must be space	
		Code 71	11	N		
0120				••		
0	0120 Filler		1	AN	Must be space	
	Family & Children's Trust Fund	Code 72	11	N	· ·	
	(FACT) - 72					
	0121 Filler		1	AN	Must be space	
	Virginia's State Forests Fund - 73	Code 73		N	·	
0122						
	0122 Filler		1	AN	Must be space	
	VA's Uninsured Medical	Code 74	11	N		
0123	Catastrophe Fund - 74			L		
	0123 Filler		1	AN	Must be space	
	Jamestown-Yorktown Foundation	Code 75	11	N		
0124	75			L		
	0124 Filler		1	AN	Must be space	
0125	Foundation Code 1	Part V,	6	N		
1		Line 4a				
					Same codes as shown on unformatted record, Schedule ADJ field 75.	

Field	Identification	Line	Length	Туре	Edits, Comments & Validations	Changed
	Contribution Amount 1	Part V,	11	N		
0126		Line 4a				
	0126 Filler	De d V	1		Must be space	
0127	Foundation Code 2	Part V, Line 4b	6	N		
					Same codes as Line 4a	
	Contribution Amount 2	Part V,	11	N	Came codes as Line 4a	
	Contribution Amount 2	Line 4b	!!	11		
0128						
	0128 Filler		1	AN	Must be space	
	Total Contributions	Part V,	11	N		
0131		Line 5			Sum of lines 2 through 4c.	
	0131 Filler	D(1)/	1	AN	Must be space	
0132	Consumer Use Tax	Part V, Line 6	11	N		
	0132 Filler		1	AN	Must be space	
	Total	Part V,	11	N	πιασι νο ομασο	
0133	Total	Line 7		1	Sum of lines 5 and 6	
	0133 Filler		1	AN	Must be space	
	Virginia War Memorial Association	Code 82	11	N		
0134						
	0134 Filler		1	AN	Must be space	
	Home Energy Assistance - 81	Code 81	11	N		
0135	0135 Filler		1	AN	Must be space	
	Virginia Commission for the Arts	Code 83	11	AN N	Must be space	
0136		000000	11	IN		
	0136 Filler		1	AN	Must be space	
	Virginia Federation of Humane	Code 84	11	N	·	
	Societies - 84					
	0137 Filler		1	AN	Must be space	
0.400	Tuition Assitance Grant Fund - 85	Code 85	11	N		
0138	0400 5''		4	A N I	Must be succe	
	0138 Filler Spay and Neuter Fund - 86	Code 86	<u>1</u> 11		Must be space	
0139	opay and Neuter Fund - 00	J046 00	11	N		
	0139 Filler		1	AN	Must be space	
	Foundation Code 3	Part V,	6	N		
		Line 4c	-			
					Same codes as Line 4a	
	Contribution Amount 3	Part V,	11	N		
0141		Line 4c				
	0444 531			A N I	Must be spece	
	0141 Filler		1 11	AN N	Must be space All taxpayers born on or after January 2, 1939 and are eligible to claim an	
	Adjusted FAGI		11	IN	age deduction, enter the Adjusted Federal Gross Income (AFAGI) from Line	
0142					8 of the "Age 65 And Older Age Deduction Work Sheet".	
	0142 Sign		1	AN	"-" for negative, space for positive number	
	Spouse's Date of Birth		6	N	MMDDYY Use only for filing status 3 when Age deduction has been	
	·				claimed.	
	Record Terminus		1		Value "\$"	

#### 2005 760PY - Unformatted Record

Field	Identification	Line	Length	Туре		Changed
					Edits, Comments & Validations	
	Byte Count		4		"nnnn" for variable format	
	Start of Record Sentinel		4		"!!!!"	
	Record ID		8	AN	"FRM760PY"	
	Taxpayer ID Number		9	N	Primary Taxpayer's SSN	
	Net Fixed Date Conformity modification-	Line 32a	11	N		
	Income while NOT a VA resident	Column B3				
0050		50			Fixed date conformity amount attributable to primary taxpayer's income	
					while NOT a VA resident	
	050 Filler	1: 00	1		Must be space	
	Net Fixed Date Conformity modification -	Line 32a Column	11	N		
	Income while NOT a VA resident	A3			Final data and make an about a second attack the last an arrange in a construction	
0051					Fixed date conformity amount attributable to spouse's income while	
	054 511		4	A N I	NOT a VA resident	
	051 Filler	Line 32a	1 11	AN	Must be space	
	Net Fixed Date Conformity modification -	Column	11	N		
0052	Income while VA resident	B2			Fixed date conformity amount attributable to primary taxpayer's income	
0032					while a VA resident	
	052 Filler		1	AN	Must be space	
	Net Fixed Date Conformity modification -	Line 32a	11	N	Indust be space	
	Income while VA resident	Column		IN		
0053	moome write varesident	A2			Fixed date conformity amount attributable to spouse's income while a	
					VA resident	
	053 Filler		1	AN	Must be space	
	Net Fixed Date Conformity modification -	Line 32a	11	N	•	
	Income on Federal Return	Column				
0054		B1			Fixed date conformity amount attributable to primary taxpayer's income	
					on Federal Return.	
	054 Filler		1	AN	Must be space	
	Net Fixed Date Conformity modification -		11	N		
	Income on Federal Return	Column A1				
0055		Λ1			Fixed date conformity amount attributable to spouse's income on	
					Federal Return.	
	055 Filler		1		Must be space	
	Fixed Date Conformity FAGI - Income	Line 32b Column	11	N		
	while NOT a VA resident	B3				
0056					Line 20 column B2 clus Line 20c column B2	
	050 591			A & I	Line 32, column B3 plus Line 32a, column B3.	
	056 Filler	Line 32b	1	AN	Must be space	
	Fixed Date Conformity FAGI - Income	Column	11	N		
0057	while NOT a VA resident	A3				
0007					Line 32, column A3 plus Line 32a, column A3.	
	057 Filler		1	AN	Must be space	
	Fixed Date Conformity FAGI - Income	Line 32b	11	N	intuot be space	
	while VA resident	Column		1 1		
0058	Willio VA Toblacht	B2				
					Line 32, column B2 plus Line 32a, column B2.	
	058 Filler		1	AN	Must be space	

#### 2005 760PY - Unformatted Record

Fixed Date Conformity FAGI - Income while VA resident	Line 32b Column A2	11	N	
				Line 32, column A2 plus Line 32a, column A2.
059 Filler		1	AN	Must be space
Fixed Date Conformity FAGI - Income on Federal Return	Line 32b Column B1	11	N	
				Line 32, column B1 plus Line 32a, column B1.
060 Filler		1	AN	Must be space
Fixed Date Conformity FAGI - Income on Federal Return	Line 32b Column A1	11	N	
				Line 32, column A1 plus Line 32a, column A1.
061 Filler		1	AN	Must be space
Record Terminus		1		Value "\$"

F1.1.1	11	Lina	1 41-	T	F.P.C. O. W. P.L.C.	01 1
Field	Identification	Line	Length	Гуре	,	Changed
	Byte Count		4		"nnnn" for variable format	
	Start of Record Sentinel		4		"!!!!"	
	Record ID		8	AN	"SCHEDFED"	
	Taxpayer ID Number		9	N	Primary Taxpayer's SSN	
	Gross Receipts or Sales	Line 2	8	N		
	Column 1				From Schedule C, C-EZ or Schedule F Line 1	
	050 Filler		1	AN	Must be space	
	Gross Receipts or Sales	Line 2	8	Ν		
0051	Column 2				From Schedule C, C-EZ or Schedule F Line 1	
	051 Filler		1	AN	Must be space	
	Depreciation /expense deduction	Line 3	8	N	From Schedule C Line 13	
0052	Column 1				From Schedule F Line 16	
	052 Filler		1	AN	Must be space	
	Depreciation /expense deduction	Line 3	8	N	From Schedule C Line 13	
	Column 2				From Schedule F Line 16	
	053 Filler		1	AN	Must be space	
0054	Business Activity Code	Line 4	6	N		
	Column 1				From Schedule C, C-EZ or Schedule F, box B, top of page	
	Business Activity Code	Line 4	6	N	, , , , , , , , , , , , , , , , , , , ,	
	Column 2				From Schedule C, C-EZ or Schedule F, box B, top of page	
	Business Locality Code	Line 5	3	N	Taxpayer must provide Locality Code (FIPS code) for Locality in	
	Column 1			•	which Business is located. This code may be different from code in	
	Column				field VA110-1.	
0057	Business Locality Code	Line 5	3	N	Taxpayer must provide Locality Code (FIPS code) for Locality in	
	Column 2				which Business is located. This code may be different from code in	
	Column 2				field VA110-1.	
	Car and truck expenses	Line 6	8	N	From Schedule C Line 10	
	Column 1			11	From Schedule F Line 12	
I +	058 Filler		1	AN	Must be space	
	Car and truck expenses	Line 6	8	N	From Schedule C Line 10	
	Column 2	Lino	0	IN	From Schedule F Line 12	
	059 Filler		1	AN	Must be space	
	Inventory at end of year	Line 7	8	N	From Schedule C Line 41	
	Column 1	Line 7	0	IN	From Schedule F Line 49	
	060 Filler		4	AN	Must be space	
		Line 7	1		From Schedule C Line 41	
	Inventory at end of year	Lille /	8	N		
	Column 2		4		From Schedule F Line 49	
	061 Filler	Line 8	1		Must be space From Schedule C Line 44a	
	Number of miles you used your	Line o	9	N		
	vehicle for: Business Column 1	1: 0	•		From Schedule CEZ Line 5a	
	Number of miles you used your	Line 8	9	N	From Schedule C Line 44a	
	vehicle for: Business Column 2	1: 0			From Schedule CEZ Line 5a	
	Number of miles you used your	Line 9	9	N	5 0 1 1 1 0 1 1 1 1	
	vehicle for: Commuting				From Schedule C Line 44b	
	Column 1				From Schedule CEZ Line 5b	
	Number of miles you used your	Line 9	9	N		
	vehicle for: Commuting				From Schedule C Line 44b	
	Column 2				From Schedule CEZ Line 5b	
	Number of miles you used your	Line 10	9	Ν	From Schedule C Line 44c	
	vehicle for: Other Column 1				From Schedule CEZ Line 5c	
0067	Number of miles you used your	Line 10	9	N	From Schedule C Line 44c	
	vehicle for: Other Column 2				From Schedule CEZ Line 5c	
	Number of miles you used your	Line 11	9	N	From 2106 Line 13	
	vehicle for: Business Column 1				From 2106EZ Line 8a	
	Number of miles you used your	Line 11	9	N	From 2106 Line 13	
	vehicle for: Business Column 2				From 2106EZ Line 8a	
	•				From 2106EZ Line 8a	

Imilea you used your
From 2106EZ Line 8b   From 2106EZ Line 8b   From 2106 Line 16   From 2106EZ Line 8b   From 2106 Line 16   From 2106EZ Line 8b   From 2106EZ Line 8b   From 2106EZ Line 8b   From 2106EZ Line 8c   From 2106 Line 17   From 2106 Line 14   From 2106EZ Line 8c   From 2106 Line 14   From 2106 Line 26   From 2106 Line 2
Miles you used your   Commuting   Commut
From 2106 Line 16   From 2106EZ Line 8b   From 2106EZ Line 8b   From 2106EZ Line 8c   From 2106EZ Line 14   From 2106EZ Line 26   From 210EZ L
From 2106EZ Line 8b   From 2106 Line 17   From 2106 Line 18c
From 2106EZ Line 8b   From 210EZ Line 8c
Firm   From 2106 Line 17   From 2106 Line 17   From 2106 Line 17   From 2106 Line 18   From 2106 Line 14
From 2106EZ Line 8c   From 2106EZ Line 8c
From 2106 Line 17   From 2106 Line 17   From 2106 Line 17   From 2106 Line 17   From 2106 Line 18   From 2106 Line 18   From 2106 Line 18   From 2106 Line 19   From 2106 Line 20   From
From 2106EZ Line 8c
business use of   chick   Column 1   chick   S   N   From 2106 Line 14 Column A Calculate to two decimal places, i.e.,   67.25% = 06725   chick   Column 2   chick   Column 2   chick   Column 2   chick   Column 1   chick   Column 1   chick   Column 2   chick   Column 1   chick   Column 2   chick   Column 1   chick   Column 1   chick   Column 2   chick   Column 1   chick   Column 2   chick   Column 1   chick   Column 2   chick   Column 3   chick   Column 4   chick   Column 6   Column 1   chick   Column 6   Column 6   Column 1   chick   Column 6
Pericle 1 - Column 1
Dusiness use of   Line 14   5   N   From 2106 Line 14 Column A   Calculate to two decimal places, i.e.,   67.25% = 06725
Periode 1 - Column 2
business use of ehicle 2 - Column 1
Seed more than 50% in a   Line 16   Line 17   Seed more than 50% in a   Line 16   Line 17   Seed more than 50% in a   Line 16   Line 17   Seed more than 50% in a   Line 16   Line 17   Seed more than 50% in a   Line 16   Line 17   Seed more than 50% in a   Line 16   Line 17   Seed more than 50% in a   Line 16   Line 17   Seed more than 50% in a   Line 16   Line 17   Seed more than 50% in a   Line 16   Line 17   Seed more than 50% in a   Line 17   Line 17   Seed more than 50% in a   Line 18   Line 17   Seed more than 50% in a   Line 18   Line 17   Seed more than 50% in a   Line 18   Seed more than 5
Line 15   S   N   From 2106 Line 14 Column B Calculate to two decimal places, i.e., 67.25% = 06725
Seed more than 50% in a   Line 16   13   AN   Line 16   13   AN   Line 16   13   AN   Line 16   13   AN   Line 16   Line 17   Seed more than 50% in a   Line 16   Line 17   Seed more than 50% in a   Line 16   Line 17   Seed more than 50% in a   Line 16   Line 17   Seed more than 50% in a   Line 17   Seed in service   Line 18   Seed in service   Line 19   Seed in
Sed more than 50% in a   Line 16   13   AN
usiness use: operty Column 1 Ised more than 50% in a usiness use: operty Column 2 Ichie 17 6 N From 4562 Line 26, Column B FORMAT Date MMDDYY NO SLASHES onvestment Intage Column 1 Inter 18 5 N From 4562 Line 26, Column B FORMAT Date MMDDYY NO SLASHES onvestment Intage Column 1 Inter 18 5 N From 4562 Line 26, Column C Calculate to two decimal places, I.e., 67.25% = 06725 oner basis Column 1 Inter 19 8 N From 4562 Line 26, Column D Inter basis Column 2 Inter 19 8 N From 4562 Line 26, Column D Inter basis Column 2 Inter basis Column C Inter basis Colum
Sperty   Column 1   Sperty   Column
Sed more than 50% in a   Usine 16   13   AN   Usiness use:
Section   Sect
From 4562 Line 26, Column A   From 4562 Line 26, Column B FORMAT Date MMDDYY NO SLASHES
Line 17   6
SLASHES
Line 17   6
SLASHES
Nestment
1
New New Street   Line 18   5   N   From 4562 Line 26, Column C   Calculate to two decimal places, I.e., 67.25% = 06725     Ner basis Column 1   Line 19   8   N   From 4562 Line 26, Column D
1
her basis Column 1 Line 19 8 N From 4562 Line 26, Column D 1 AN Must be space her basis Column 2 Line 19 8 N From 4562 Line 26, Column D 1 AN Must be space on deduction Line 20 8 N From 4562 Line 26, Column H  1 AN Must be space on deduction Line 20 8 N From 4562 Line 26, Column H From 4562 Line 26, Column H  AN Must be space  ction 179 cost Line 21 8 N From 4562 Line 26, Column H  AN Must be space  ction 179 cost Line 21 8 N From 4562 Line 26, Column I  AN Must be space
ner basis Column 1 Line 19 8 N From 4562 Line 26, Column D 1 AN Must be space ner basis Column 2 Line 19 8 N From 4562 Line 26, Column D 1 AN Must be space on deduction Line 20 8 N From 4562 Line 26, Column H 1 AN Must be space on deduction Line 20 8 N From 4562 Line 26, Column H From 4562 Line 26, Column H  AN Must be space  I AN Must be space I AN Must be space I AN Must be space I AN Must be space I AN Must be space I AN Must be space
1
on deduction  Line 20 8 N  From 4562 Line 26, Column H  1 AN Must be space on deduction  Line 20 8 N  From 4562 Line 26, Column H  1 AN Must be space  Section 179 cost  Line 21 8 N  From 4562 Line 26, Column I  AN Must be space
on deduction  Line 20 8 N  From 4562 Line 26, Column H  1 AN Must be space on deduction  Line 20 8 N  From 4562 Line 26, Column H  1 AN Must be space  Section 179 cost  Line 21 8 N  From 4562 Line 26, Column I  AN Must be space
Control on deduction   Line 20   8   N   From 4562 Line 26, Column H
From 4562 Line 26, Column H
1 AN Must be space
Control on deduction
From 4562 Line 26, Column H  1 AN Must be space ection 179 cost Line 21 8 N From 4562 Line 26, Column I  1 AN Must be space
1 AN   Must be space
Cotion 179 cost
From 4562 Line 26, Column I  1 AN Must be space
1 AN Must be space
· ·
ection 1/9 cost   Line 21   8   N
From 4562 Line 26, Column I
1 AN Must be space
which Business is located. This code may be different from code in
field VA110-1.
Locality Code  Line 22 3 N Taxpayer must provide Locality Code (FIPS code) for Locality in
Locality Code Line 22 3 N Taxpayer must provide Locality Code (FIPS code) for Locality in
Locality Code  Line 22 3 N Taxpayer must provide Locality Code (FIPS code) for Locality in which Business is located. This code may be different from code in
Locality Code  Line 22  N Taxpayer must provide Locality Code (FIPS code) for Locality in which Business is located. This code may be different from code in

0093	Schedule Name2	Line 1	1	AN	Value = "C" if Schedule C or C-EZ information OR "F" if Schedule F	
					information.	
	Record Terminus		1		Value "\$"	

#### 2005 VA Schedule OSC Used only when multiple state tax credits are claimed

0003 T 0050 B 0051 S 0052 C 0053 C	Syte Count Start of Record Sentinel Record ID Faxpayer ID Number Border State Rule Comp 1: Filing Status claimed on other state's rtn		4 4 8		"nnnn" for variable format "!!!!"	
0003 T 0050 B 0051 S si 0052 C 0053 C	Record ID  Faxpayer ID Number  Border State Rule  Comp 1: Filing Status claimed on other				"IIII"	
0003 T 0050 B 0051 Si 0052 C 0053 C	Sorder State Rule Comp 1: Filing Status claimed on other		8		!!!!	
0050 B 0051 Si 0052 C 0053 C	Border State Rule Comp 1: Filing Status claimed on other			AN	"SCHEDOSC"	
0050 B 0051 Si 0052 C 0053 C	Border State Rule Comp 1: Filing Status claimed on other		9	N	Primary Taxpayer's SSN	
0051 C st 0052 C 0053 C 0053	Comp 1: Filing Status claimed on other		1	AN	Value "X" or space	
$0051 \text{ si}$ $0052 \text{ C}$ $0053 \frac{\text{C}}{\text{O}}$		Line 1	1	N	·	
0052 C						
0053 C	Comp 1: Person Claiming Credit	Line 2	1	N	Values: 1 You; 2 Spouse; 3 Joint	
():	Comp 1: Qualifying Taxable Income	Line 3	11	N		
0	053 Sign		1	AN	"-" for negative, space for positive number	
	Comp 1: Virginia Taxable Income	Line 4	11	N	To hogaine, opace for positive number	
0054	054 Sign		1	AN	"-" for negative, space for positive number	
_	Comp 1: Qualifying Tax Liability	Line 5	11	N	To negative, space for positive number	
0055	055 Filler	Lino	1	AN	Must be space	
	Comp 1: Identity State	Line 6	2	AN	Widot be space	
_	Comp 1: Virginia Income Tax	Line 7	11	N		
	057 Filler		1	AN	Must be space	
	Comp 1: Income Percentage	Line 8	4	N	Enter actual percentage to 1 decimal place i.e., 47% = 47.0	
0030 C	Comp 1: Product of Line 7 and Line 8	Line 9	11	N	Liner actual percentage to 1 decimal place i.e., 47 /6 = 47.0	
0059	Comp 1: Product of Line 7 and Line 8	LIIIO 3	1	AN	Must be space	
0	Comp 1. Cradit Lagger of line 5 or 0	Line 10	11		Must be space	
0060	Comp 1: Credit. Lesser of line 5 or 9	LIIIE 10	11	N	Must be appea	
		Line 11	1	AN	Must be space	
UUDI	Comp 2: Filing Status claimed on other	LIIIE I I	1	N		
	state's rtn	1: 10	4		Valuation A. Valua O. Carantara 2. Initiat	
0062 C	Comp 2: Person Claiming Credit	Line 12	1	N	Values: 1 You; 2 Spouse; 3 Joint	
0063	Comp 2: Qualifying Taxable Income	Line 13	11	N	n n c	
1 ()	16.3 SIGN		1	AN	"-" for negative, space for positive number	
0064 C	Comp 2: Virginia Taxable Income	Line 14	11	N		
10	164 Sian		1	AN	"-" for negative, space for positive number	
0065 C	Comp 2: Qualifying Tax Liability	Line 15	11	N		
0	765 Filler		1	AN	Must be space	
0066 C	Comp 2: Identity State	Line 16	2	AN		
0067 C	Comp 2: Virginia Income Tax	Line 17	11	N		
0	067 Filler		1		Must be space	
0068 C	Comp 2: Income Percentage	Line 18	4		Enter actual percentage to 1 decimal place I.e., 47% = 47.0	
0069 C	Comp 2: Product of Line 7 and Line 8	Line 19	11	N		
()	169 Filler		1	AN	Must be space	
0070 C	Comp 2: Credit. Lesser of line 5 or 9	Line 20	11	N		
U	7/0 Filler		1	AN	Must be space	
0071	Comp 3: Filing Status claimed on other	Line 21	1	N		
Si	state's rtn					
0072 C	Comp 3: Person Claiming Credit	Line 22	1	N	Values: 1 You; 2 Spouse; 3 Joint	
0073 C	Comp 3: Qualifying Taxable Income	Line 23	11	N		
()	1/3 Sian		1	AN	"-" for negative, space for positive number	
0074 C	Comp 3: Virginia Taxable Income	Line 24	11	N		
1 10	1/4 Sian		1	AN	"-" for negative, space for positive number	
0075 C	Comp 3: Qualifying Tax Liability	Line 25	11	N		
0075	75 Filler		1	AN	Must be space	
0076 C	Comp 3: Identity State	Line 26	2	AN		
0077 C	Comp 3: Virginia Income Tax	Line 27	11	N		
0077	)77 Filler		1	AN	Must be space	

Zero padding is not required for numeric fields in unformatted records. Do not include a space after a positive number, a "-" after a negative value is required, i.e. -675.00 for field 0063 should be sent {0063}675-

## 2005 VA Schedule OSC Used only when multiple state tax credits are claimed

0078	Comp 3: Income Percentage	Line 28	4	N	Enter actual percentage to 1 decimal place I.e., 47% = 47.0
0070	Comp 3: Product of Line 7 and Line 8	Line 29	11	N	
	0/9 Filler		1	AN	Must be space
0080	Comp 3: Credit. Lesser of line 5 or 9	Line 30	11	N	
0000	080 Filler		1	AN	Must be space
LUUMI	Comp 4: Filing Status claimed on other state's rtn	Line 31	1	N	
0082	Comp 4: Person Claiming Credit	Line 32	1	N	Values: 1 You; 2 Spouse; 3 Joint
0083	Comp 4: Qualifying Taxable Income	Line 33	11	N	
	083 Sian		1	AN	"-" for negative, space for positive number
0084	Comp 4: Virginia Taxable Income	Line 34	11	N	
	084 Sign		1	AN	"-" for negative, space for positive number
0085	Comp 4: Qualifying Tax Liability	Line 35	11	N	
	085 Filler		1	AN	Must be space
	Comp 4: Identity State	Line 36	2	AN	
0087	Comp 4: Virginia Income Tax	Line 37	11	N	
	087 Filler		1	AN	Must be space
	Comp 4: Income Percentage	Line 38	4	N	Enter actual percentage to 1 decimal place I.e., 47% = 47.0
LUUM	Comp 4: Product of Line 7 and Line 8	Line 39	11	N	
	089 Filler		1	AN	Must be space
0090	Comp 4: Credit. Lesser of line 5 or 9	Line 40	11	N	
	090 Filler		1	AN	Must be space
0091	Total Credit	Line 41	11	N	Sum of lines 10, 20, 30 and 40. Enter here and on IRS480
0031	091 Filler		1	AN	Must be space
	Record Terminus		1		Value "\$"

## 2005 VA Supplemental Schedule - NC

Used for NC out of state tax credits only

Field	Identification	Line	Length	Type	-	Changed
	Byte Count		4		"nnnn" for variable format	
	Start of Record Sentinel		4		"!!!!"	
	Record ID		8	AN	"SUPPVANC"	
0003	Taxpayer ID Number		9	N	Primary Taxpayer's SSN	
0050	Payer's Name		34	AN	Enter payer's name.	
0051	N.C. Filing Status	1	1	Ν	Filing Status used on NC form D-400	
	NC Allocation Decimal		8	AN	Enter decimal amount from D-400 line 12. Provide actual decimal	
0052		2			amount I.e., 1.9987	
0053	N.C. Taxable Income	3	11	Ν	Enter amount from line 13 of D-400	
0053	0053 Sign		1	AN	"-" for negative, space for positive number	
0054	N.C. Income Tax	4	11	N	Enter amount from line 14 of form D-400	
0054	0054 Filler		1	AN	Must be space.	
0055	Tax Credits	5	11	N	Enter amount from line 15 of form D-400	
0055	0055 Filler		1	AN	Must be space.	
	N.C. Subtotal	6	11	N	Enter amount from line 16 of form D-400	
0056	0056 Filler		1	AN	Must be space.	
	N.C. Tax Withheld - Primary	7	11	N	Enter amount from line 19a of form D-400	
0057	0057 Filler	,	1	AN	Must be space.	
	N.C. Tax Withheld - Spouse	8	11	N	Enter amount from line 19b of form D-400	
0058	0058 Filler	0	1		Must be space.	
				AN	Enter amount from line 20c of form D-400	
0059	Partnership Tax Payments	9	11	N		
	0059 Filler		1	AN	Must be space.	
0060	S Corporation Tax Payment	10	11	N	Enter amount from line 20d of form D-400	
	0060 Filler		1	AN	Must be space.	
0061	Total Payments	11	11	Ν	Enter amount from line 21 of form D-400	
0001	0061 Filler		1	AN	Must be space.	
0000	Payment Amount	12	11	Ν	Enter amount from line 23 of form D-400	
0062	0062 Filler		1	AN	Must be space.	
	Overpayment Amount	13	11	N	Enter amount from line 24 of form D-400	
0063	0063 Filler		1	AN	Must be space.	
	Total income while NC Resident	14	11	N	Enter amount from line 47 of form D-400	
0064	0064 Sign	1-7	1	AN	"-" for negative, space for positive number	
	total income from NC sources	15	11	N	Enter amount from line 48 of form D-400	
0065	0065 Sign	10	1			
		10	11		"-" for negative, space for positive number Enter amount from line 49 of form D-400	
0066	Income Subtotal	16		N		
	0066 Sign		1	AN	"-" for negative, space for positive number Enter amount from line 50 of form D-400	
0067	Total income all sources	17	11	N		
	0067 Sign		1	AN	"-" for negative, space for positive number	
0068	Income Decimal Amount	18	8	N	Enter amount from line 51 of form D-400	
0069	Primary Begin Res Date	19a	8	N	Enter Date from NC Residency dates for PY or NonRes shown on D-400 MMDDYYYY	
0070	Primary End Res Date	19a	8	N	Enter Date from NC Residency dates for PY or NonRes shown on D-400 MMDDYYYY	
0071	Spouse Begin Res Date	150	8	N	Enter Date from NC Residency dates for PY or NonRes shown on	
00 <i>1</i> I		19b			D-400 MMDDYYYY	
0070	Spouse End Res Date		8	N	Enter Date from NC Residency dates for PY or NonRes shown on	
0072	•	19b			D-400 MMDDYYYY	
	Total Income	20	11	N	Enter amount from line 1 of form D-400TC	
0073	0073 Sign		1	AN	"-" for negative, space for positive number	

Zero padding is not required for numeric fields in unformatted records. Do not include a space after a positive number, a "-" after a negative value is required, i.e. -675.00 for field 0065 should be sent {0065}675-

# 2005 VA Supplemental Schedule - NC Used for NC out of state tax credits only

0074	Income Taxed outside N.C.	21	11	N	Enter amount from line 2 of form D-400TC	
0074	0074 Filler		1	AN	Must be space.	
			8	N	Enter amount from line 3 of form D-400TC. Provide actual	
0075	Credit Allocation Decimal	22			decimal amount I.e., 1.9987	
0076	Computed Credit	23	11	N	Enter amount from line 5 of form D-400TC.	
0070	0076 Filler		1	AN	Must be space.	
0077	Net Tax Paid Outside of NC	24	11	N	Enter amount from line 6 of form D-400TC.	
0077	0077 Filler		1	AN	Must be space.	
0078	Lesser of Values	25	11	N	Enter amount from line 7a of form D-400TC.	
0078	0078 Filler		1	AN	Must be space.	
0079	Number of states	26	2	N	Enter amount from line 7b of form D-400TC.	
0080	Expenses	27	11	N	Enter amount from line 8 of form D-400TC.	
0000	0080 Filler		1	AN	Must be space.	
0081	Portion for Qualifying dependent(s)	28	11	N	Enter amount from line 9 of form D-400TC.	
0001	0081 Filler		1	AN	Must be space.	
0082	Credit for Expenses	29	11	N	Enter amount from line 10 of form D-400TC.	
0002	0082 Filler		1	AN	Must be space.	
0083	Other Expenses	30	11	N	Enter amount from line 11 of form D-400TC.	
0003	0083 Filler		1	AN	Must be space.	
0084	Credit for Other Expenses	31	11	N	Enter amount from line 12 of form D-400TC.	
0004	0084 Filler		1	AN	Must be space.	
0085	Total Credit - Subtotal	32	11	N	Enter amount from line 13 of form D-400TC.	
0003	0085 Filler		1	AN	Must be space.	
0086	Nonresident and part-year amount	33	11	N	Enter amount from line 14 of form D-400TC.	
0000	0086 Filler		1	AN	Must be space.	
0087	Total Credit	34	11	N	Enter amount from line 15 of form D-400TC.	
0007	0087 Filler		1	AN	Must be space.	
0088	Number of Children X 100	35	11	N	Enter amount from line 16 of form D-400TC.	
0000	0088 Filler		1	AN	Must be space.	
			8	N	Enter amount from line 17 of form D-400TC. Provide actual	
0089	Nonresident and part-year allocation	36			decimal amount I.e., 1.9987	
0090	Credit for Children	37	11	N	Enter amount from line 18 of form D-400TC.	
0000	0090 Filler		1	AN	Must be space.	
	Record Terminus		1		Value "\$"	

# 2005 VA Supplemental Schedule - MD Used for MD out of state tax credits only

Field	Identification	Line	Length	Туре	Edits, Comments & Validations	Changed
	Byte Count		4		"nnnn" for variable format	
	Start of Record Sentinel		4		"!!!!"	
	Record ID		8	AN	"SUPPVAMD"	
0003	Taxpayer ID Number		9	N	Primary Taxpayer's SSN	
0050	Payer's Name		34	AN	Enter payer's name.	
0051	Filing Status	1	1	N	Filing Status from form 505, YOUR FILING STATUS section	
0050	Total Exemptions	2	11	N	Total exemptions from form 505, EXEMPTIONS line (e)	
0052	0052 Filler		1	AN	Must be space	
0050	Wages, salaries Federal	3	11	N	Use amount from form 505, line 1, FED Column	
0053	0053 Filler		1		Must be space	
	Wages, salaries Maryland	3	11		Use amount from form 505, line 1, MD Column	
0054	0054 Filler		1		Must be space	
	Wages, salaries Non-Maryland	3	11	N	Use amount from form 505, line 1, Non-MD Column	
0055	0055 Filler		1		Must be space	
	Income interest income Federal	4	11		Use amount from form 505, line 2, FED Column	
	0056 Filler		1		Must be space	
0057	Income interest income Maryland	4	11	N	Use amount from form 505, line 2, MD Column	
0057	0057 Filler		1		Must be space	
	Income interest income Non-Maryland		11	N	•	
0058	,	4			Use amount from form 505, line 2, Non-MD Column	
	0058 Filler		1	AN	Must be space	
0050	Dividend income Federal	5	11	N	Use amount from form 505, line 3, FED Column	
0059	0059 Filler		1	AN	Must be space	
0000	Dividend income Maryland	5	11	N	Use amount from form 505, line 3, MD Column	
0060	0060 Filler		1	AN	Must be space	
	Dividend income Non-Maryland	5	11	N	Use amount from form 505, line 3, Non-MD Column	
LUUDI	0061 Filler		1	AN	Must be space	
	Taxable refund, etc Federal	6	11		Use amount from form 505, line 4, FED Column	
LUUDZ	0062 Filler		1		Must be space	
	Taxable refund, etc Maryland	6	11	N	Use amount from form 505, line 4, MD Column	
L UUD.S	0063 Filler	-	1		Must be space	
	Taxable refund, etc Non-Maryland	6	11	N	Use amount from form 505, line 4, Non-MD Column	
0004	0064 Eillor	-	1		Must be space	
	Alimony received Federal	7	11		Use amount from form 505, line 5, FED Column	
0065	0065 Filler	· ·	1		Must be space	
	Alimony received Maryland	7	11	N	Use amount from form 505, line 5, MD Column	
	0066 Filler	•	1		Must be space	
	Alimony received Non-Maryland	7	11	N	Use amount from form 505, line 5, Non-MD Column	
L UUD/	0067 Filler	•	1	AN	Must be space	
	Business Income( loss) Federal	8	11	N	Use amount from form 505, line 6, FED Column	
	0068 Sign		1	AN	"-" for negative, space for positive number	
	Business Income( loss) Maryland	8	11	N	Use amount from form 505, line 6, MD Column	
LUUNG	0069 Sign	- 0	1	AN	"-" for negative, space for positive number	
	Business Income( loss) Non-Maryland		11	N N	- for flegative, space for positive flumber	
0070	business income (1055) Non-Maryland	8	11	IN	Use amount from form 505, line 6, Non-MD Column	
	0070 Sign	U	1	AN	"-" for negative, space for positive number	+
	Capital Gain(loss) Federal	0	11	- AN N	Use amount from form 505, line 7, FED Column	
10071	. ,	9				
	0071 Sign	^	1	AN	"-" for negative, space for positive number Use amount from form 505, line 7, MD Column	
1 1111//	Capital Gain(loss) Maryland	9	11	N		
	0072 Sign		1	AN	"-" for negative, space for positive number	

Zero padding is not required for numeric fields in unformatted records. Do not include a space after a positive number, a "-" after a negative value is required, i.e. -675.00 for field 0070 should be sent {0070}675-

## 2005 VA Supplemental Schedule - MD

Used for MD out of state tax credits only

	Capital Gain(loss) Non-Maryland	9	11	N	Use amount from form 505, line 7, Non-MD Column
0073	0073 Sign	9	1	AN	"-" for negative, space for positive number
	Other Gains(losses) Federal	10	11	N	Use amount from form 505, line 8, FED Column
0074	` '	10	1	AN	"-" for negative, space for positive number
	0074 Sign	40			Use amount from form 505, line 8, MD Column
0075	Other Gains(losses) Maryland	10	11	N	· · · ·
	0075 Sign		1	AN	"-" for negative, space for positive number
	Other Gains(losses) Non-Maryland	10	11	N	Use amount from form 505, line 8, Non-MD Column
	0076 Sign		1		"-" for negative, space for positive number
	Taxable amt of pensions, etc Federal		11	N	
0077		11			Use amount from form 505, line 9, FED Column
	0077 Filler		1	AN	Must be space
	Taxable amt of pensions, etc		11	N	
0078	Maryland	11			Use amount from form 505, line 9, MD Column
	0078 Filler		1	AN	Must be space
	Taxable amt of pensions, etc Non-		11	N	
0079	Maryland	11			Use amount from form 505, line 9, Non-MD Column
	0079 Filler		1	AN	Must be space
0000	Rents, royalties, etc Federal	12	11	N	Use amount from form 505, line 10, FED Column
0800	0080 Filler		1	AN	Must be space
	Rents, royalties, etc Maryland	12	11	N	Use amount from form 505, line 10, MD Column
0081	0081 Filler		1	AN	Must be space
	Rents, royalties, etc Non-Maryland	12	11	N	Use amount from form 505, line 10, Non-MD Column
1 11117	0082 Filler	12	1	AN	Must be space
		13	11	N	Use amount from form 505, line 11, FED Column
0083	Farm Income(loss) Federal	13			
	0083 Filler	40	1	AN	Must be space
0084	Farm Income(loss) Maryland	13	11	N	Use amount from form 505, line 11, MD Column
	0084 Filler		1	AN	Must be space
0085	Farm Income(loss) Non-Maryland	13	11	N	Use amount from form 505, line 11, Non-MD Column
	0085 Filler		1		Must be space
0086	Unemploy Comp Federal	14	11	N	Use amount from form 505, line 12, FED Column
	0086 Filler		1	AN	Must be space
ו ווווא ו	Unemploy Comp Maryland	14	11	N	Use amount from form 505, line 12, MD Column
0001	0087 Filler		1	AN	Must be space
0088	Unemploy Comp Non-Maryland	14	11	N	Use amount from form 505, line 12, Non-MD Column
	0088 Filler		1	AN	Must be space
0080	Taxable SS & Tier 1 Federal	15	11	N	Use amount from form 505, line 13, FED Column
0009	0089 Filler		1	AN	Must be space
0090	Taxable SS & Tier 1 Maryland	15	11	N	Use amount from form 505, line 13, MD Column
0090	0090 Filler		1	AN	Must be space
0004	Taxable SS & Tier 1 Non-Maryland	15	11	N	Use amount from form 505, line 13, Non-MD Column
0091	0091 Filler		1	AN	Must be space
	Other Income Federal	16	11	N	Use amount from form 505, line 14, FED Column
0092	0092 Filler		1	AN	Must be space
	Other Income Maryland	16	11	N	Use amount from form 505, line 14, MD Column
0093	0093 Filler	10	1	AN	Must be space
	Other Income Non-Maryland	16	11	N	Use amount from form 505, line 14, Non-MD Column
0094	0094 Filler	10	1	AN	Must be space
		17			Use amount from form 505, line 15, FED Column
0095	Total Income Federal	17	11	N ANI	
	0095 Sign	4-	1		"-" for negative, space for positive number
0096	Total Income Maryland	17	11	N	Use amount from form 505, line 15, MD Column
	0096 Sign		1	AN	"-" for negative, space for positive number
0007	Total Income Non-Maryland	17	11	N	Use amount from form 505, line 15, Non-MD Column

Zero padding is not required for numeric fields in unformatted records. Do not include a space after a positive number, a "-" after a negative value is required, i.e. -675.00 for field 0070 should be sent {0070}675-

# 2005 VA Supplemental Schedule - MD Used for MD out of state tax credits only

0031	0007 Sign	l	1	ΛNI	" " for pogative, engage for positive number	
	0097 Sign	40	1		"-" for negative, space for positive number	
	Total Adjustments Federal	18	11	N	Use amount from form 505, line 16, FED Column	
	0098 Filler	40	1		Must be space	
	Total Adjustments Maryland	18	11	N	Use amount from form 505, line 16, MD Column	
	0099 Filler		1		Must be space	
	Total Adjustments Non-Maryland	18	11	N	Use amount from form 505, line 16, Non-MD Column	
	00100 Filler		1		Must be space	
	Adjusted gross income Federal	19	11	N	Use amount from form 505, line 17, FED Column	
0101	00101 Sign		1	AN	"-" for negative, space for positive number	
0102	Adjusted gross income Maryland	19	11	N	Use amount from form 505, line 17, MD Column	
0102	00102 Sign		1	AN	"-" for negative, space for positive number	
	Adjusted gross income Non-Maryland		11	N		
0103		19			Use amount from form 505, line 17, Non-MD Column	
	00103 Sign		1	AN	"-" for negative, space for positive number	
0104	Taxable net income	20	11	N	Use amount from form 505, line 31	
0104	00104 Filler		1	AN	Must be space	
0105	MD Tax	21	11	N	Use amount from form 505, line 32a	
	UUTUS EIIIEI		1	AN	Must be space	
0400	Special nonres tax	22	11	N	Use amount from form 505, line 32b	
0106	00106 Filler		1	AN	Must be space	
	Total MD tax	23	11	N	Use amount from form 505, line 32c	
	00107 Filler		1		Must be space	
	Earned income credit	24	11	N	Use amount from form 505, line 33	
	00108 Filler		1		Must be space	
	Poverty level credit	25	11	N	Use amount from form 505, line 34	
	00109 Filler	20	1		Must be space	
	Personal income tax credits	26	11	N	Use amount from form 505, line 35	
	00110 Filler	20	1		Must be space	
	Business tax credits	27	11	N	Use amount from form 505, line 36	
	00111 Filler	21	1		Must be space	
		20	<u> </u>		Use amount from form 505, line 37	
	Total credits 00112 Filler	28		N	Must be space	
	UU I IZ FIIIEI	00	1	AN	•	
0113	MD tax after credits	29	11	N	Use amount from form 505, line 38	
	00113 Filler	0.5	1		Must be space	
	Total MD tax withheld	30	11	N	Use amount from form 505, line 43	
	00114 Filler		1		Must be space	
0115	Balance due	31	11	N	Use amount from form 505, line 49	
	UUTT5 FIIIer		1		Must be space	
0116	Overpayment	32	11	N	Use amount from form 505, line 50	
	00116 Filler		1	AN	Must be space	
	Refund	33	11	N	Use amount from form 505, line 52	
	00117 Filler		1	AN	Must be space	
11110	Total Amount due	34	11	N	Use amount from form 505, line 54	
0110	00118 Filler		1	AN	Must be space	
	Record Terminus		1		Value "\$"	

## 1099G Unformatted Record

Field	Identification	Line	Length	Type	Edits, Comments & Validations	Changed
	Byte Count		4		"nnnn" for variable format	
	Start of Record Sentinel		4		"!!!!"	
	Record ID		8	AN	"1099G "	
0003	Taxpayer ID Number		9	N	Primary Taxpayer's SSN	
0050	Payer's Name		34	AN	Enter payer's name.	
0051	Payer's Address line1		34	AN	Enter payer's addresss.	
0052	Payer's Address line2		34	AN	Enter payer's secondary address.	
0053			20	AN	Enter payer's city.	
0054	State		2	AN	Enter payer's state abbreviation.	
0055	Zip		9	N	Enter payer's zip code.	
0056	Payer's telephone number		10	N	Enter payer's telephone number.	
0057	Payer's Federal ID Number		12	N	Enter payer's FEIN.	
0058	Recipient's ID Number		12	N	Enter recipient's ID number.	
0059	Recipient's Name		34	AN	Enter recipient's name.	
0060	Recipient's Address line1		34	AN	Enter recipient's address.	
0061	Recipient's Address line2		34	AN	Enter recipient's secondary address.	
0062	City		20	AN	Enter recipient's city.	
0063	State		2	AN	Enter recipient's state.	
0064	Zip		9	N	Enter recipient's zip code.	
0065	Account number		12	N	Enter recipient's account number.	
0066	Unemployment Compensation	Box 1	12		Enter payments of \$10 or more in unemployment compensation.	
0067	State or local inc tax refund	Box 2	12	N	Enter refunds, credits, or offsets of state or local income tax of \$10 or	
					more.	
0068	Tax Year of box 2 amount	Box 3	4	N	Value = YYYY. Enter the year for which the refund, credit, or offset	
					was made.	
0069	Federal Income Tax Withheld	Box 4	9	N	Backup withholding-Enter backup withholding at a 28% rate on	
					payments required to be reported in box 6 or 7. Voluntary withholding	-
					Enter any voluntary Federal withholding on unemployment	
					conpensation, Commodity Credit Corporation loans, and certain crop	
					disaster payments.	
0070	Taxable grants	Box 6	9	N	Enter any amount of taxable grant administered by a Federal, state,	
	· ·				or local program to provide subsidized energy financing or grants for	
					projects designed to conserve or produce energy.	
0071	Agriculture payments	Box 7	9		Enter USDA agricultural subsidy payments made during the year.	
	Box 2 is trade or buisness income	Box 8	1		Value = X if the amount in box 2 is a refund, credit, or offset	
					attributable to an income tax that applies exclusively to income from a	
					trade or business and is not a tax of general application.	

## 1099MISC Unformatted Record

Field	Identification	Line	Length	Type	Edits, Comments & Validations	Changed
	Byte Count		4		"nnnn" for variable format	
	Start of Record Sentinel		4		"!!!!"	
	Record ID		8		"1099MISC"	
	Taxpayer ID Number		9		Primary Taxpayer's SSN	
	Payer's Name		34		Enter payer's name.	
	Payer's Address line1		34		Enter payer's addresss.	
	Payer's Address line2		34		Enter payer's secondary address.	
0053			20		Enter payer's city.	
0054			2		Enter payer's state abbreviation.	
0055			9		Enter payer's zip code.	
	Payer's telephone number		10		Enter payer's telephone number.	
	Payer's Federal ID Number		12	N	Enter payer's FEIN.	
	Recipient's ID Number		12	N	Enter recipient's ID number.	
	Recipient's Name		34		Enter recipient's name.	
	Recipient's Address line1		34		Enter recipient's address.	
	Recipient's Address line2		34		Enter recipient's secondary address.	
0062	· ·		20		Enter recipient's city.	
0063			2		Enter recipient's state.	
0064	Zip		9		Enter recipient's zip code.	
	Account number		12		Enter recipient's account number.	
0066	2nd TIN not		1		Value = X or blank	
0067	Rents	Box 1	12		Enter amounts of \$600 or more for all types of rents.	
0068	Royalties	Box 2	9	Ν	Enter gross royalty payments of \$10 or more before reduction for	
					severance and other taxes that may have been withheld and	
					paid.	
0069	Other Income	Box 3	9	Ν	Enter other income of \$600 or more required to be reported on	
					Form 1099-MISC that is not reportable in one of the othe boxes	
					on the form. Also enter prizes and awards that are not for	
					services performed.	
0070	Federal Income tax withheld	Box 4	9	N	Enter backup withholding or withholding on Indian gaming profits.	
					Generally, a payer must backup withold at a 28% rate if taxpayer	
					identification number is not furnished. See Form W-9, Request	
					for Taxpayer Identification Number and Certification, for more	
					information.	
0071	Fishing Boat proceeds	Box 5	9	N	Enter the share of all proceeds from the sale of a catch or the	
0072	Medical and Health Care Payments	Box 6	12	AN	Enter payments of \$600 or more made in the course of the trade	
					or business to each physician or other supplier or provider of	
					medical or health care services.	
0073	Nonemployer compensation	Box 7	9	N	Enter nonemployee compensation of \$600 or more.	
0074	Substitute payments	Box 8	5	N	Enter aggregate payments of at least \$10 received by a broker for	
					a customer in lieu of dividends or tax-exempt interest as a result	
					of a loan of a customer's securities.	
0075	Payer made direct sales	Box 9	1	AN		
					Enter an "X" in the checkbox for sales of \$5000 or more of	
					consumer products to a person on a buy-sell, deposit-	
					commission, or other commission basis for resale (by the buyer	
					or any other person) anywhere other than in a permanent retail	
					establishment. Do not enter a dollar amount in this box.	
0076	Crop insurance proceeds	Box 10	5	N	Enter crop insurance proceeds of \$600 or more paid to farmers	
	,				by insuranc ecompanies.	
0077	Excess golden parachute payments	Box 13	5	N	Enter any excess golden parachute payments.	

## 1099MISC Unformatted Record

0078	Gross proceeds paid to an attorney	Box 14	13	AN	Enter gross proceeds paid to an attorney in connection with legal
					services.
0079	State tax withheld	Box 16	13	AN	Enter state income tax witheld.
0080	State ID	Box 17	2	AN	Enter state abbreviation for which income tax was withheld.
0081	Payer's state no	Box 17	10	N	Enter state identification number.
0082	State income	Box 18	5	N	Enter amount of state payment.
0083	State tax withheld_2	Box 16	5	N	Enter state income tax withheld.
0084	State ID_2	Box 17	2	N	Enter state abbreviation for which income tax was withheld.
0085	Payer's state no_2	Box 17	10	N	Enter state identification number.
0086	State income_2	Box 18	9	N	Enter amount of state payment.

#### ERROR REJECT CODES AND EXPLANATIONS

## For Individual Income Tax Returns

For Tax Period January 1, 2005 to December 31, 2005

Individual income tax returns are either accepted or rejected for specific reasons. Accepted returns meet the processing criteria and are considered "filed." Rejected returns fail to meet processing criteria and are considered "not filed." The acknowledgment identifies the source of the problem using a system of error reject codes. To help identify the cause of rejection, the error reject codes and explanations are attached. See Appendix for assistance in identifying field numbers.

Code	Explanation
004	Money amount fields must contain whole dollars (no cents).
	When a field is designed as N (positive only), the field must be present and must contain an amount greater than or equal to zero.
	When transmitting in fixed or variable format, significant date fields must contain numeric characters in the following formats, unless otherwise specified:
	<ul> <li>Year fields with a length of four positions = YYYY</li> <li>Date fields with six positions = MMYYYY</li> <li>Date fields with eight positions = MMDDYYYY</li> </ul>
	<ul> <li>All alphanumeric fields must be left justified (and blank-filled when transmitting in fixed format) unless otherwise specified.</li> </ul>
	> The allowable characters for alphanumeric fields are: A-Z, 0-9, space, % (percent), , (comma), . (period), - (hyphen or minus sign), < (less than sign), () (parentheses), and : (colon).
	> The allowable characters for numeric fields are:
	➤ The numbers 0-9 and - (hyphen or minus sign)
006	Primary SSN (Field 003) is a required field.
007	Primary SSN (Field 003) or Secondary SSN (Field 055) cannot duplicate Primary SSN (Field 003) or Secondary SSN (Field 055) of any previously accepted electronic return for the current year.
800	> Maximum Field Length Exceeded
009	Duplicate Field Number
010	> Invalid Field Number
011	> Invalid Type
012	> Invalid Field Sequence
013	➤ Either Checking Account (Field 040) or Savings Account (Field 048) must be indicated when Bank Routing Number (Field 030) and Bank Account Number (Field 035) are present.
014	Primary SSN (Field 003) and Secondary SSN (Field 055) cannot duplicate each other.
015	Depositor Account Number (Field 035) must be alphanumeric (i.e., only alpha characters, numeric characters, and hyphens), must be left-justified with trailing blanks if less than 17 positions, and cannot equal all zeros.

2004 VA-1346 7

Code	Explanation
017	> NOT USED
018	> NOT USED
019	➤ Form 760CG
	Spouse's SSN (Field 055) is required if Filing Status (Field 305-3) equals: "2" or "3".
	<ul> <li>Forms 760PY and 763</li> <li>Spouse's SSN (Field 055) is required if Filing Status (Field 305-3) equals: "2", "3" or "4".</li> </ul>
020	> NOT USED
021	> NOT USED
022	Primary Taxpayer First Name (Field 070-1) and Secondary Taxpayer First Name (Field 070-3) must be alpha. The only special character is a hyphen. One space is permitted between alpha characters. Primary Taxpayer Middle Name (Field 070-2) and Suffix (Field 060-3) and Secondary Taxpayer Middle Name (Field 070-4) and Suffix (Field 065-3) must be alpha. No space or numeric is allowed. Primary Taxpayer Last Name (Field 060-1) and Secondary Taxpayer Last Name (Field 065-1) must be alpha. The only special characters allowed are hyphen and apostrophe. No spaces are allowed between alpha characters.
024	> NOT USED
025	> NOT USED
026	> NOT USED
027	> NOT USED
028	> NOT USED
029	> NOT USED
030	> NOT USED
031	> NOT USED
032	> NOT USED
033	> NOT USED
034	➤ Locality Code (Field 110-1) is a required field. This must be a valid code from the Locality Code List.
035	> NOT USED
036	> NOT USED
037	> NOT USED
038	➤ Invalid Software Developer Code (Field 300-1).
039	➤ Federal Data Flag (Field 305-1) must equal "V".
040	Virginia Form Code (Field 305-2) is a required field and must equal "L", "P" or "N".

2004 VA-1346 8

Code	Explanation
041	<ul> <li>Form 760CG</li> <li>Filing Status (Field 305-3) is a required field and must equal: "1", "2" or "3".</li> </ul>
	<ul> <li>Forms 760PY and 763</li> <li>Filing Status (Field 305-3) is a required field and must equal:</li> <li>"1", "2", "3" or "4".</li> </ul>
042	<ul> <li>Form 760PY</li> <li>When Filing Status (Field 305-3) equals "1", "2" or "3", Column A* of Form 760PY should not be greater than zero. Field numbers for column A are: 0051, 0053, 0055, 0057, 0059, 0061, 310-6, 310-8, 315-2, 315-4, 320-3, 320-4, 355, 365, 380, 390, 400, 410, 535, 550, 560, 570, 575, 585, 590, 600, 605, 615, 625, 635, 645, 655, 665, 675, 755, 760, 765, 770, 775, 780, 785, 825, 830, 835, 840, 845, 850, 855, 895, 900, 905, 910, 915, 920, 925</li> </ul>
043	➤ Head of Household box (Field 305-4) should only be significant if Filing Status (Field 305-3) equals "1".
044	When Head of Household box (Field 305-4) is significant and Filing Status (Field 305-3) equals "1", secondary SSN (Field 055) must not be significant.
045	Primary personal exemptions (Fields 305-5 and 305-9) are required fields.
046	<ul> <li>Form 760CG</li> <li>Secondary personal exemptions (Fields 305-10, 305-11 and 305-12) should only be greater than zero when the filing status equals 2.</li> </ul>
	<ul> <li>Form 760PY</li> <li>Secondary personal exemptions (Fields 305-10, 305-11, 305-12, 305-13 and 305-14) should only be greater than zero when the Filing Status (Field 305-3) equals "4".</li> </ul>
047	> NOT USED
048	> NOT USED
049	> NOT USED
050	<ul> <li>Form 763</li> <li>Additions (Field 310-7) on Line 7 of Page 1 of tax form must equal Total Additions (Field 565) on Line 32 of Page 2 of tax form.</li> </ul>
	<ul> <li>Form 760PY</li> <li>Line 7, column B (Field 310-7) must equal line 36, column B (field 565); Line 7, column A (Field 310-8) must equal line 36, column A (Field 570).</li> </ul>
	<ul> <li>Form 760</li> <li>Line 2 (Field 310-7) must equal line 3 of 760CG Page 2 (Field 0059).</li> </ul>
052	<ul> <li>Form 763</li> <li>Subtractions (Field 315-8) on Line 9 of Page 1 of tax form must equal Total Subtractions (Field 670) on Line 40 of page 2 of tax form.</li> </ul>
	<ul> <li>Form 760PY</li> <li>Line 9, column B (Field 315-8) must equal line 45, column B (Field 670); Line 9, column A (Field 320-3) must equal line 45, column A (Field 675).</li> </ul>
	<ul> <li>Form 760</li> <li>Line 9, column B (Field 315-8) must equal line 40, column B (Field 670).</li> </ul>

Code	Fy	planation
0040	> = X	Virginia Adjusted Gross Income must be the difference between Subtotal line and subtractions.
		virginia / lajastoa erose irrestrio maet be trie amereneo between eabteta irre ana eabtractione.
053	>	NOT USED
054	>	Form 760CG, Line 10
	>	Form 763, Line 44
	>	The Virginia Itemized Deductions (Field 370) must be the difference between Total Federal Itemized
		Deductions (Field 320-5) and State and Local Income Taxes (Field 320-6).
	>	Form 760PY, Line 47c
	>	The Allowable Virginia Itemized Deductions (Field 715) must be the difference between Total Federal
		Itemized Deductions paid while a Virginia Resident (Field 705) and State and Local Income Taxes (Field
		710).
055	>	Form 760PY, Line 11b
000	>	The Itemized Deductions in column A (Field 365) plus column B (Field 360) must equal Virginia
		Itemized Deductions (Field 715, Line 47c).
	,	F 70000 I: 40
056		Form 760CG, Line 10
	>	If Itemized Deductions (Field 320-5) are not claimed and unless taxpayer is not claimed as a dependent on another's return (Field 305-15), the Standard Deduction (Field 370) must equal:
		on another's return (Field 303-13), the Standard Deddction (Field 370) must equal.
	>	\$3,000 if filing status (Field 305-3) equals "1"
	>	\$6,000 if filing status (Field 305-3) equals "2"
	>	\$3,000 if filing status (Field 305-3) equals "3"
		Form 760DV Line 46d
	<b>A</b>	Form 760PY, Line 46d If Itemized Deductions (Field 705) are not claimed and unless taxpayer is not claimed as a dependent
		on another's return (Field 305-15), the Standard Deduction (Field 695) must equal:
		on another stetam (Field 666 10), the Standard Beddollon (Field 666) must equal.
	>	\$3,000 if filing status (Field 305-3) equals "1",
	>	\$6,000 if filing status (Field 305-3) equals "2" or "4"
	>	\$3,000 if filing status (Field 305-3) equals "3"
	>	Form 763, Line 41
	<b>×</b>	If Itemized Deductions (Field 320-5) are not claimed and unless taxpayer is not claimed as a
		dependent on another's return (Field 305-15), the Standard Deduction (Field 880) must equal:
		γ,
	>	\$3,000 if filing status (Field 305-3) equals "1",
	>	\$6,000 if filing status (Field 305-3) equals "2"
	>	\$3,000 if filing status (Field 305-3) equals "3" or "4"
057	>	NOT USED
050		NOT USED
058		NOT USED
	I	

2004 VA-1346 10

Code	Explanation
059	➤ Form 760CG, Line 14
	Virginia Taxable Income (Field 405) must be the difference between Virginia Adjusted Gross Income (Field 320-2) and Subtotal (Field 395) unless the filing threshold is met. If the filing threshold is met, Virginia Taxable Income (Field 405) may be zero, negative, or blank. The filing thresholds are met if:
	<ul> <li>Filing Status = 1 and Virginia Adjusted Gross Income is less than \$7,000.</li> <li>Filing Status = 2 and Virginia Adjusted Gross Income is less than \$14,000.</li> <li>Filing Status = 3 and Virginia Adjusted Gross Income is less than \$7,000.</li> </ul>
	<ul> <li>Form 760PY, Line 15 Column B</li> <li>Virginia Taxable Income (Field 405) must be the difference between Virginia Adjusted Gross Income (Field 320-2) and Subtotal (Field 395) unless the filing threshold is met. If the filing threshold is met, Virginia Taxable Income (Field 405) may be zero, negative, or blank. The filing thresholds are met if:</li> </ul>
	<ul> <li>Filing Status = 1 and Virginia Adjusted Gross Income is less than \$7,000.</li> <li>Filing Status = 2 or 4 and Virginia Adjusted Gross Income in column A plus column B is less than \$14,000.</li> </ul>
	Filing Status = 3 and Virginia Adjusted Gross Income is less than \$7,000.
	<ul> <li>Form 760PY, Line 15 Column A</li> <li>Virginia Taxable Income (Field 410) must be the difference between Virginia Adjusted Gross Income (Field 320-4) and Subtotal (Field 400) unless the filing threshold is met. If the filing threshold is met, Virginia Taxable Income (Field 410) may be zero, negative, or blank. The filing thresholds are met if:</li> </ul>
	<ul> <li>Filing Status = 1 and Virginia Adjusted Gross Income is less than \$7,000.</li> <li>Filing Status = 2 or 4 and Virginia Adjusted Gross Income in column A plus column B is less than \$14,000.</li> </ul>
	Filing Status = 3 and Virginia Adjusted Gross Income is less than \$7,000.
	<ul> <li>Form 763, Line 15</li> <li>Virginia Taxable Income (Field 405) must be the difference between Virginia Adjusted Gross Income (Field 320-2) and Subtotal (Field 395) unless the filing threshold is met. If the filing threshold is met, Virginia Taxable Income (Field 405) may be zero, negative, or blank. The filing thresholds are met if:</li> </ul>
	<ul> <li>Filing Status = 1 and Virginia Adjusted Gross Income is less than \$7,000.</li> <li>Filing Status = 2 and Virginia Adjusted Gross Income is less than \$14,000.</li> <li>Filing Status = 3 or 4 and Virginia Adjusted Gross Income is less than \$7,000.</li> </ul>
060	<ul> <li>Form 760CG, Line 15</li> <li>Tax (Field 425) must equal Taxable Income (Field 405) multiplied by the appropriate tax rate.</li> </ul>
	<ul> <li>Form 760PY, Line 16</li> <li>Form Tax (Field 425, column B) must equal Taxable Income (Field 405, column B) multiplied by the appropriate tax rate.</li> <li>Tax (Field 585, column A) must equal Taxable Income (Field 410, column A) multiplied by the appropriate tax rate.</li> </ul>
	<ul> <li>Form 763, Line 18</li> <li>Tax (Field 425) must equal Nonresident Taxable Income (Field 420) multiplied by the appropriate tax rate.</li> </ul>
061	> NOT USED
062	> NOT USED
063	> NOT USED
064	<ul> <li>Form 760CG, Line 26</li> <li>If Overpayment Amount (Field 500, line 26) is significant and Adjustments/Contributions (Field 515, line 28) is greater than Overpayment Amount, then Amount You Owe (Field 525) must be greater than zero.</li> </ul>

Code	Explanation
065	<ul> <li>Form 760PY, Line 24</li> <li>Form 763, Line 25</li> <li>If Contributions and Consumer's Use Tax (Field 515) are significant, Schedule NPY must be present.</li> </ul>
066	> NOT USED
067	<ul> <li>Form 760CG</li> <li>If Total Payments and Credits (Field 490) are greater than Net Tax (Field 445), and the Amount to Credit to Next Year's Tax (Field 510), plus Adjustments and Contributions (Field 515) are equal to Overpayment Amount (Field 500), the Refund (Field 530) cannot be greater than zero.</li> </ul>
	<ul> <li>Form 760PY</li> <li>If Total Payments and Credits (Field 490) are greater than Total Tax (Field 445), and the total of Amount to Credit to Estimated Income Tax (Field 510 and 535), plus Contributions and Consumer's Use Tax (Field 515) are equal to Overpayment Amount (Field 500), the Refund (Field 530) cannot be greater than zero.</li> </ul>
	<ul> <li>Form 763</li> <li>If Total Payments and Credits (Field 490) are greater than Income Tax (Field 425), and the total of Amount to Credit to Estimated Income Tax (Field 510), plus Contributions from Schedule NPY (Field 515) are equal to Overpayment Amount (Field 500), the Refund (Field 530) cannot be greater than zero.</li> </ul>
068	<ul> <li>Form 760CG</li> <li>If Total Payments and Credits (Field 490) are greater than Net Tax (Field 445), and the total of Applied to Estimated Tax (Field 510), plus Adjustments (Field 515) is less than Overpaid (Field 500), then Refund (Field 530) must be greater than zero.</li> </ul>
	<ul> <li>Form 760PY, Line 27</li> <li>If Total Payments and Credits (Field 490) are greater than Total Tax (Field 445), and the total of Applied to Estimated Tax (Field 510 and 535), plus Contributions and Consumer's Use Tax (Field 515) is less than Overpaid (Field 500), then Refund (Field 530) must be greater than zero.</li> </ul>
	<ul> <li>Form 763, Line 28</li> <li>If Total Payments and Credits (Field 490) are greater than Total Tax (Field 425), and the total of Applied to Estimated Tax (Field 510), plus Contributions and Consumer's Use Tax (Field 515) is less than Overpaid (Field 500), then Refund (Field 530) must be greater than zero.</li> </ul>
069	<ul> <li>Form 760CG</li> <li>If Total Payments and Credits (Field 490) equal Net Tax (Field 445), then the following fields cannot be greater than zero: Tax You Owe (Field 495), Overpayment Amount (Field 500), Amount to credit to next year's tax (Field 510) or Refund (Field 530).</li> </ul>
	<ul> <li>Form 760PY</li> <li>If Total Payments and Credits (Field 490) equals Total Tax (Field 445), then the following fields cannot be greater than zero: Income Tax You Owe (Field 495), Overpayment Amount (Field 500), Amount to credit to next year's tax (Field 510 and 535) or Refund (Field 530).</li> </ul>
	<ul> <li>Form 763</li> <li>If Total Payments and Credits (Field 490) equals Total Tax (Field 425), then the following fields cannot be greater than zero: Income Tax You Owe (Field 495), Overpayment Amount (Field 500), Amount to credit to next year's tax (Field 510) or Refund (Field 530).</li> </ul>
070	For each occurrence of Form W-2, Virginia State Withholding (Fields 400, 470, 520, or 570) cannot be greater than 25% of Wages (Fields 390, 460, 510, or 560).
071	For each occurrence of Form 1099-R, State Withholding (Field 240 or 280) cannot be greater than 25% of Gross Distribution (Field 110).

Code	Explanation
Code	Explanation
072	For each occurrence of Form W-2G, State Withholding (Field 210) cannot be greater than 25% of Gross Distribution (Field 40).
073	<ul> <li>Form 760CG, Line 25</li> <li>Form PY, Line 20 and Line 26</li> </ul>
	If Total Payments and Credits (Field 490) are less than Total Tax (Field 445), then Income Tax You Owe (Field 495) and Amount you Owe (Field 525) must be significant.
	<ul> <li>Form 763, Line 21 and Line 27</li> <li>If Total Payments and Credits (Field 490) are less than Total Tax (Field 425), then Income Tax You Owe (Field 495) and Amount you Owe (Field 525) must be significant.</li> </ul>
074	For each occurrence of Form 1099-MISC, State Withholding (Field 079 or 083) cannot be greater than
075	<ul> <li>25% of State Income (Field 082 or 086).</li> <li>Administrative reject. Contact the Virginia Electronic Filing Help Desk at 804/367-6100 or <a href="mailto:elfcoordinator@tax.virginia.gov">elfcoordinator@tax.virginia.gov</a>.</li> </ul>
076	> NOT USED
077	> NOT USED
078	> NOT USED
079	> NOT USED
080	<ul> <li>Form 760CG, Line 7</li> <li>Total Other Subtractions (Field 315-8) on 760, page 1, line 7 and Total Subtractions (Field 0069) on 760, page 2, line 7 must equal the sum of Income from obligations or securities of the US (Field 0060) on 760, page 2, line 4, plus Disability Income (Field 0061) on 760, page 2, line 5, Fixed Date Conformity (Field 0062) on 760, page 2, Line 6a, plus all Other Subtractions (Fields 0064, 0066, and 0068) on 760, page 2 lines 6b through 6d.</li> </ul>
081	<ul> <li>Form 760CG, Line 9</li> <li>Virginia Adjusted Gross Income (Field 320-2) must equal the difference between Line 3 Subtotal (Field 315-1) and Line 8 Subtotal (Field 320-1).</li> </ul>
082	<ul> <li>Form 760CG, Line 16</li> <li>Spouse Tax Adjustment (Field 440) may not exceed \$259.</li> </ul>
083	<ul> <li>Form 760CG, Line 16</li> <li>Filing Status (Field 305-3) must equal 2 when the Spouse Tax Adjustment (Field 440) is greater than zero.</li> </ul>
084	➤ NOT USED
085	> NOT USED
086	> NOT USED
087	> NOT USED
088	> NOT USED
089	> NOT USED

Code	Ex	planation
090	A	Form 760CG, Line 18a plus Line 18b Form 760PY, Line 18a plus Line 18b Form 763, Line 19a plus Line 19b Virginia income tax withheld (Field 450 plus 455) must be equal to or less than State Income Tax From Form W-2 (Fields 0400+ 0470+0520+0570) and/or Form W-2G (Field 0210) and/or Form 1099-R (Field 0240 and 0280) and/or 1099-MISC (Fields 079 and 083) when the State name (W-2 Field 0370 and 0440 and 0490 and 0540, W-2G Field 0200, 1099-R Field 0246 and 0286, or 1099-MISC Field 080 and 084) equals VA.
091	>	NOT USED
092	>	NOT USED
093	>	NOT USED
094	>	NOT USED
095	>	NOT USED
096	>	Each data record can only contain one generic record.
097	>	NOT USED
098	>	NOT USED
099	A A A A	Form 760CG, Line 24 Form 760PY, Line 19 Form 763, Line 20 Total payments and credits (760 line 24, field 490; 760PY line 19, field 490; 763 line 20, field 490) must be the sum of all payments and credits (760 lines 18a-field 450, line 18b-field 455, line 19-field 465, line 20-field 470, line 21-field 475, and line 23-field 485; Form 760PY lines 18a-field 450, line 18b-field 455, line 18c-field 465, line 18c-field 475, and line 18g-field 485; 763 lines 19a-field 450, line 19b-field 455, line 19c-field 465, line 19d-field 470, line 19e-field 475, and line 19g-field 485).
100	>	IRS024 = "2" indicating direct debit but return was not a tax due return OR bank account information was not sent.
101	>	NOT USED
102	>	NOT USED
103	>	NOT USED
104	>	NOT USED
105	>	NOT USED
106	>	NOT USED
107	>	NOT USED
108	>	NOT USED
109	>	NOT USED
110	>	NOT USED

#### 760-PMT

#### Size of form and size of paper

As a general rule, the size of the reproduced form with respect to the dimensions of paper, margins and the reproduced image must be the same as that of the official form.

*Improperly sized forms* may be returned to the taxpayer unprocessed. Forms must be printed on the correct size paper or the paper must be trimmed to the correct form size before filing.

Voucher size forms printed on paper that is larger than the form must include a dotted or dashed line on the page to indicate the actual voucher size for trimming. Instructions to trim the form before filing (such as "cut along the dotted line before filing") must be printed on the sheet.

#### **Paper**

Generally, paper should be white and must be of substantially the same weight, texture and quality as the official form unless specified otherwise.

Bond paper with a minimum weight of 20 lb. is required.

White paper is preferred for substitute forms.

#### **General OCR forms standards**

12 point OCR A, complete numeric set should be used for OCR lines.

Most printers are capable of producing machine-readable OCR lines.

OCR quality will be tested prior to approval using a minimum sample size of twenty (20) substitute forms. An OCR line read rate of 99% must be guaranteed. This rate must be met with the test sample and maintained on production documents. Substitute OCR forms approval and continued acceptability is contingent on readability.

The OCR read area on the 8.5 inch wide voucher begins on the 15th print space (10 print spaces per inch) from the left edge of the voucher and on the 8th print line (6 print lines per inch) from the top of the 3 2/3 inch deep voucher.

The OCR scan line must have space available for 25 OCR characters. The OCR line should include the primary taxpayer's social security number (400-00-7099) with check digit (3), form code (3395006), tax year (10200) and check digit (8). For example: 4000070993 3395006 102008

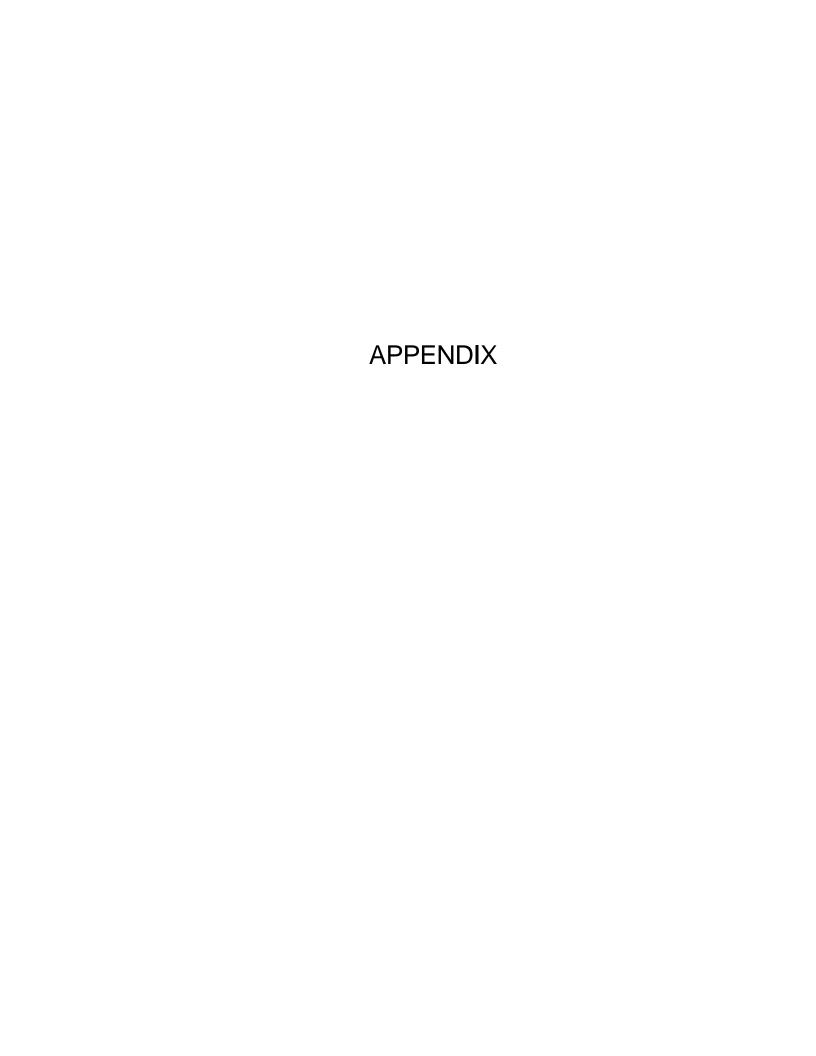
Detailed OCR line guidelines are available on the department's website within the Tax Professional's area.

#### Software identification (registration) number

The software identification number issued by the department must appear in the box labeled "Software ID number" (if present) or in the lower left corner of each form submitted for processing.

Approved forms employed by a third party may use the same registration number as that of the manufacturer/distributor provided that the third party does not change the form.

2004 VA-1346 15



## **VA760CG** -Tax Year **2005**

Individual Income Tax Return

# \*\\\\

070-31F 075-1AD 080-1AD	O70-207 IRSTNAME12 I IRSTNAME12 I DRESSLINE1MMM DRESSLINE2MMM TYMMMMMMMMMMMM	1LAS' IMMMMI IMMMMI	TNAME15 MMMMMMMM MMMMMMMMMMMM	XXXX MMMMMMM MMMMMMMMMMMMMMMMMMMMMMMMM	SUF ← MMM MMM	065-1 065-3 Name or Filing		Acceler	atod		
		095-1	Head of House-		X 305-4	Change: Address	X 305-26	Refund:		X	
Exe	emptions Dependents	Total	hold: 65 and over	Blind	Total	Change: Virginia Return	X 305-27	Amende	ed:	X NOL:	X
	305-5 urself 1 00	00	<b>305-7</b>	<b>305-8</b> 1	<b>305-9</b> 0	Not Filed Last Year:	X 305-28	Locality	:	000 <b>110</b> -1	I
Spo	305-6 Duse 1 305-10		<u>1</u> 305-11	1 305-12		Your SSN	MMMM			000000	000 003
V	endor ID:	0000	X 305-42	0000	)	Spouse's SSN	MMMM			000000	000 <b>055</b>
1.	Fed Adj Gross Income	e 1.	-00000	000000	310-5	16a.Your VAGI		16a.	-0000	00000.	430
2.	Additions, see pg 2, li	ne 3 2.	000	000000	310-7	16b.Spouse's VAG	il	16b.	-0000	00000.	435
3.	Subtotal	Г	-00000	000000	). 315-1	17. Net Tax			0000	000000.	445
4a.	Age Deduction - You	4a.		00000	) . 315-3	18a.Your Withhold	ing	18a.	0000	.000000	450
4b.	Age Deduction - Spou	ıse 4b.		00000	) . 315-4	18b.Spouse's With	hholding	18b.	0000	.000000	455
5.	Soc Sec & Tier 1 Rail	road 5.		000000	). 315-6	19. Estimated Pag	yments	19.	0000	.000000	465
6.	State Inc Tax Overpay Other Subtractions,	ment 6.		000000	) . 315-7	20. Extension Pay	yments	20.	0000	.000000	470
7.	see pg 2, line 7	7.	000	000000	) . 315-8	21. Credit for Low	Income	21.		00000.	475
8.	Subtotal Subtractions	8.	000	000000	320-1	22. Credit tax paid	another stat		0000	000000.	480
9. 10a	Total VAGI ı.Federal Sch. A	L	-000	000000	320-2	<ul><li>23. Other Credits</li><li>24. Total Payment</li></ul>	X	23.	0000	.000000	485
102	Itemized Deductions		000	000000	320-5	/ Credits	ıs		0000	.000000	490
10b	.State/Local Income Ta	ax 10b.	000	000000	320-6	25. Tax You Owe		25.	0000	.000000	495
10.	Deductions	10.	000	000000	370	<ul><li>26. Overpayment a</li><li>27. Amount to</li></ul>	Amount	26.	0000	.000000	500
11.	Exemptions			00000	375	Credit to Next	Year's Tax	27.	0000	.000000	510
12.	Child/Dependent Car	e 12.		0000	385	28. Adjustments/0			0000	.000000	515
13.	Subtotal		000	000000	395	Paid by Credit		• •	0000	000000.	525
14.	VA Taxable Income		-00000	000000	). 405	Refund: X enter 040  Bank Routing	"C" X enter "S	;"	0000	000000.	530
15.	Tax Amt.		000	000000	. 425	Number Bank Account	C	00000	00000	···· 030	
16.	Spouse Tax Adjustme	nt 16.		000	). 440	Number		00000	00000	00000	<b>— 035</b>
L	ARDLARLTD \$_					Office Use: XX	XX XX	XX XX	XX X	X XX XX	XX



	0000000	I ILAS	INAMETOX	AAA SUF					
AD	DITIONAL FILING I	NFORMATIO	N	Г	SUMMARY O	F ADJUSTME	<b>NTS</b> (from S	CH ADJ/CG	G Part 2)
	ming/ Fishing, rchant Seaman:	<b></b>	Coalfield Enhanceme	nt <b>305-18</b> X		s, Penalty and	•	<b>760P2</b> <b>0051</b> 00	0000000.
	ceased: 760P2	<b>2</b> 0	Fixed Date Conformity:	305-29 X	Addition from	760C OR 760I	F	305-30 OR 305-31	X
	pendent on other's return <b>305-1</b>	5 X	Overseas when due:	305-17 X	Consumer's L	Jse Tax	$\neg$	ADJ/CG Pt 0066	00000.
Pre	eparer Info	050-1 OR 0		<b>305-37</b> O	Total Voluntar	y Contributions	5	<b>760P2</b> 0052 () (	0000000.
Ph You	one J	<b>115-1</b>	000 00	<b>305-20</b> 0 0 0 0 0 0 0		ne - Filing Statu		ME1EVVV	XXXXXXXX
Spo	ouse		<b>305-21</b> () ()	00000000		70-3 070-4		065-1	
Ad	ditions - SCH ADJ	/CG - Part 1			Tax Credit for	Low Income II	ndividuals		
1.	Interest on obligation of other state	ations	1.760P2 00	0000000.	8. Exemption *#### = field unformatt	ed record		er *0071	VAGI
2.	Other Additions: a. Fixed Date Co	nformity	760P2	0000000.	*0070a. IIIIII *0073b. IIIIII	IIIIIII	00000	იი* <b>8074</b> ი	00000000000000000000000000000000000000
	760P 0055	<b>2</b> 00	<b>760P2</b> 2b. <b>0056</b> 0 0	0000000.	*0076c. IIIIII *0079d. IIIIII *0082e. IIIIII	IIIIIII	00000	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	00000000000000000000000000000000000000
	760P 0057	<b>2</b> 00		0000000.		IIIIIIII	00000	0 0 0 0 <del>-</del>	000000000000000000000000000000000000000
3.	Total Additions:		<b>760P2</b> 3. <b>0059</b> 0 0	0000000.	g. Total F	amily VAGI	8g.	<b>760P2</b> -00	0000000.
Su	btractions				9. Total Exer	nptions	9.	760P2 0089	00
4.	or securities of the	he U.S.	4. <b>760P2</b> 00	0000000.	10. Exemption	n total on this r	eturn	760P2 0090	00
5.	Disability Incom reported as wag	jes 0 <b>760P2</b>	5. <b>760P2</b> 000000.		11. Line 10 multiplied by \$300			760P2 0091	00000.
6.	Other: a. Fixed Date Co	0097 onformity	<b>760P2</b> 6a. <b>0062</b> 00	0000000.	,	esser of Line 1 Page 1, Line 1		760P2 0092	00000.
	760P2 0063	00	6b. <b>760P2</b>	0000000.	AGE DEDUCT	TION DETAILS	760	)P2	
	760P2 0065	00	760P2 6c. 0066	0000000.	You	0093 000000 760P2 0095		94 )00000. 0P2 096	
	760P2 0067	00	6d. <b>760P2</b>	0000000.	Spouse	000000	-000000	00000.	
7.	Total Subtraction	าร:	<b>760P2</b> <b>0069</b> 0 0	0000000.		EPARER INFOR		<b>05</b> 0 0	<b>0-1 OR 050-2</b>
	pt of Taxation can return with my pre			305-24 X	Filing Election				<b>305-37</b> 0
	e), the undersigned, dec on and to the best of my					ne Number		000	<b>300-3</b> 00000000
You	r Signature			Date	Preparer Signature			Date	
Spo	use's Signature			Date					IMMMMM IMMMMM 052-2

## **2005** Virginia Schedule ADJ/CG Part 2



070-1 070-2 060-1 060-3 1FIRSTNAME12 I 1LASTNAME15XXXX SUF						<b>003</b> 00000000							
Credit for Tax Paid to Another Sta	ate			_		25. Other Voluntary Contributions							
Border State Rule			005	58	X		00	0071		25a.	0072	000	000.
13a.Enter the filing status claimed on the other state's tax return. 13a.			009	<b>90</b> ]	M	0.1-1.5-1.15	00	0073		25b.	0074	000	000.
13b.Enter the number below to identify the person claiming the credit 1. You 2. Spouse 3. Joint			009	91	0	School Foundation	000	000 000	0075	25c. 25d.			000.
13. Qualifying taxable income on which the other state's tax is based13. <b>0050</b>			00000	0000	0.	26. Total Adjustme				0081 0000000000.			
14. Virginia Taxable Income		0041	00000	0000	0.	Amended Returns			-	_			
15.Qualifying tax owed to the other	sta	te <b>005</b> 2	00000	0000	0.			ا ماند		ı			
a. Name of state: 00				M	/I	27. Amount paid w return, plus add paid after it was		27.0082	0000	2000	000		
16. Virginia Income Tax		00154	000000000.			28. Add line 27 fro	1	27.0002	0000		J00.		
17. Income percentage	00 <i>5</i> 5		000.				<b>,</b>	28 <b>.0083</b>	0000	000	000.		
Virginia Income Tax multiplied by Income percentage	I	18. <b>0056</b>	29. Overpayment, if any, as shown on original return or as previously adjusted					29 <b>.0084</b>	0000	000	000.		
19.Credit Allowed		0057	00000	0000	0.	30. Subtract line 29 from line 28			30 <b>0085</b>	0000	000	000.	
Adjustments to Amount of Tax						31. Tax You Owe				31.0086	0000	000	000.
20. Addition to Tax a. Addition from Form 760C	Х	20. <b>0060</b>	000	0000	0.	32. Tax You Overpa	aid			32.0087	0000	000	000.
b. Addition from Form 760F	Х	0061				Credit for Political			_				
21. Penalty a. Late Filing/Payment Penalty	Х	21. <b>0063</b>	000	0000	000.	From Part XXIII, of Schedule CR  105.Enter 50% of the amount of eliginal political contributions				ole		088	0.0
b. Extension Penalty	Χ	0064				•							00.
22. Interest		22.	0065 00	0000	0.	106.Credit allowab			l O = t:1	4::		0089	00.
23. Consumer's Use Tax	0066 00000.		0.	If the Cred credit claime to send		not req							
24. Voluntary Contributions from overpaid taxes													
00 <b>0067</b>		24a.		0000	0. 006	8							
00 0069		24b.		0000	0.007	o L					_		

## 2005 Virginia Schedule FED



**003 055** 000 **110-1** 

SCHED	ULE C, SCHEDULE C-EZ and	d/or SCHEDI	ULE F INFORMATION	
1. Schedule Name	First Schedule Info. $\boldsymbol{X}$	0092	Second Schedule Info. X 0093	
2. Gross Receipts or Sales	00000000.	0050	00000000.0051	
Depreciation / expense deduction	00000000.	0052	00000000.0053	
4. Business Activity Code	000000	0054	000000 0055	
5. Business Locality Code	000	0056	000 0057	
6. Car and truck expenses	00000000.	0058	00000000.0059	
7. Inventory at end of year	00000000.	0060	00000000.	
<ol><li>Number of miles you used your vehicle for: <b>Business</b></li></ol>	00000000	0062	00000000 <b>0063</b>	
<ol><li>Number of miles you used your vehicle for: Commuting</li></ol>	00000000	0064	00000000 0065	
<ol><li>Number of miles you used your vehicle for: Other</li></ol>	00000000	0066	00000000 0067	
SCH	EDULE 2106 and/or SCHED	OULE 2106-E	EZ INFORMATION	
11. Number of miles you used your vehicle for: <b>Business</b>	00000000	0068	00000000 0069	
12. Number of miles you used your vehicle for: <b>Commuting</b>	00000000	0070	00000000 0071	
13. Number of miles you used your vehicle for: <b>Other</b>	00000000	0072	00000000 0073	
14. Percent of business use of vehicle: <b>Vehicle 1</b>	00000	0074	00000 0075	
15. Percent of business use of vehicle: <b>Vehicle 2</b>	00000	0076	00000 0077	
L	SCHEDULE 4562	INFORMATI	ON	
16. Property Used more than 50% in a qualified business use: Type of property	ММММММММ	MMM <b>007</b> 8	8 ММММММММММ	/I 0079
17. Date placed in service	MMDDYY	008	0 MMDDYY	0081
18. Business/investment use percentage	00000	008	2 00000	0083
19. Cost or other basis	00000000.	008	00000000.	0085
20. Depreciation deduction	00000000.	008	00000000.	0087
21. Elected section 179 cost	00000000.	008	00000000.	0089
22. Business Locality Code	000	009	000	0091

STAPLE HERE

**760PY** 

## Virginia Part-Year Resident Income Tax Return

2005

I	Due May	1, 2	2006		. MI	Last Name				Suffix	• B	Your Soci	al Securit	y Number	
	Check Applicable Boxes:  Amended Return -			070-1	070-2	060	)-1			060-3	•	003			
										Spouse's	Social Se	ecurity Numbe	er		
L	Check if F			070-3	070-4	065	-1			065-3	• A	055			
	of NOL			Present Home Address (Number and Street	et, or Rural Route)							F	or Office	Use	
	☐ Fixed Date			075-1 08	30-1										
	Conformity Modificatio	30	5-29	City, Town, or Post Office, and State				ZIP	Code			305-2	2	305-23	
Г	☐ Qualifying			085-1		095-1		1	100-1					000 20	
_	Fisherman	or <b>3</b> (	05-16	Name of Virginia City or County Where Yo	u Were A Resident	on Jan. 1, 20	05 IMPORTANT				Locality	Code from	Instruction	ins	
_	Merchant S			105				<b>110-2</b> □ C		7-3 County	• 1	10-1			
L	Overseas of Date 305		ue [	<u> </u>					7						
	Date 303	-17		s of Residence irginia in 2005. You - From	310-1	_ To	310-2	Spouse	Erom		310-3		0	310-4	
			in V		month/day/year		month/day/yea		- [10]]		nth/day			nonth/day/	year
_		F	FILING	STATUS (CHECK ONLY ONE)				EXEMP1	TIONS	(Enter N	lumbe	r) —			=
	STEP 1	415		ingle (Claiming federal Head of Hous	305-4	You De	pendents	7 1	Total Se	ction 1 65	or over B	Blind	V ***		Section 2
	✓ Check	1			senold? YES □) -305-5	1 + 1	5-8=	X\$900=			+\	╜┞╙	X \$80	JU =	
	your Filing <b>30</b>	5-3	_	larried, Filing Joint Return Even if only one had income)	303-3	2 +	<b></b>	X\$900=			<b></b>	╗	X \$80	00 =	
	Status	3-3	`	arried, Filing Separate Retu	ırns			] <b>//</b>				_  _	, ,, ,,,,		
	Enter		(E	inter spouse's SSN above)		<u> </u>		X\$900=			+	=	X \$80	00 =	
	your Exemptions		Sp	pouse's full name	065-1 065-3	Ļ., -	,	י ר		305-6	# 7	_ <del> </del>  _	305-7		
_	Exemplions	4	M	arried, Filing Separately Colu	umn B:Yourse	lf 1 +	=	X\$900=			_ +	=	X \$80	00 =	
				n this Combined Return Colu			=	X\$900=		<u> </u>	+	=	X \$80		
		If b	oth hus	sband and wife had income, using F	iling Status 4	305-10 3	05-13 Ad	d the Tot	al of	05-11 Section	1 plu	s the T	–305- otal of	Section	2.
_		ma	y result	t in less tax than Filing Status 2 (se	e instructions).			Use	the s	um wh					
e.		_	Dono	andent on Another's Deturn (Co.	4h - i 4 4i	f1: 4			5-15	Λ	Spou		В	Your	
1099-R here		5	Бере	endent on Another's Return (See	tne instructions	for Line 1	1.)		5		e only wh atus 4 is c			For use other f	,
₽ -		6	ADJI	USTED GROSS INCOME (total	of Line 32. Col.	. A1 and E	31. Part I. on F	Page 2)	6		0-6	00		310-5	00
<u>60</u>	STEP 2			ions from Line 36, Part II, on Pa	*		, ,	3/	7		0-8	00		310-7	00
b	D			otal (add Line 6 and Line 7)	9				8		5-2	00		315-1	00
ā	Do you need to file?			ractions from Line 45, Part III, on	Page 2				9		0-3	00		315-8	00
W-2G	See Line 10 nstructions. →			SINIAADJUSTED GROSS INCO	Ü	ne 9 from	l ine 8)		10		0-4	00		320-2	00
				tandard Deduction from Line 46	•		2.110 0)	1	1(a)		55	00		370	00
Staple Forms W-2,	STEP 3	· · ·	` '	emized Deductions from Line 47	. ,.	•		OR 1	` ′  -		65	00		360	00
SI	Compute	12	` '	ated Exemption Amount (See	. ,.	•	sing the Patio		` ′  -		80	00		375	00
orn	Your Virginia			nia Child and Dependent Care E	•		Ü		13		90	00			00
Ĕ.	Taxable		U	otal (add Lines 11(a) or 11(b), 1	•	uction (Se	e iristi uctions	")	14		90 00	00		385 395	00
)de	Income			( , , , , , , , , , , , , , , , , , , ,	,	o 10)						00			00
Str	CTED 4			nia Taxable Income (subtract Lir		9 10)			15		10			405	
	STEP 4 Compute			ne Tax: From Tax Table or Tax R					16		85	00		425	00
_	Your Tax			AL TAX (add column A and colur										445	00
L		18	Paym	nents: (a) Your Virginia Income 1	,				,			. ,	-	450	00
	STEP 5			(b) Spouse's Virginia Inco									<u> </u>	455	00
	Compute Your			(c) Combined 2005 Estima	,	•		,				` '	_	465	00
	Payments			(d) Extension Payment - F										470	00
	and Credits		Credi	` '								` '		475	00
	O. Gailo			(f) Credit for Tax Paid to A								` '		480	00
				(g) Credits from attached S	Schedule CR. I	If claiming	Political Con	tribution C	Credit o	only,		5-36			00
_				also check box. (See	,							10,	15.12	485	00
ē.		19	TOTA	(h) Check box if reporting AL PAYMENTS AND CREDITS [a										490	00
- يّ				e 17 is larger than Line 19, ente										495	00
g				e 19 is larger than Line 17, ente										500	00
ō	STEP 6			ion to tax, penalty and interest f											00
je.	Compute Amount								_					505	
Ë	You Owe			unt of overpayment on Line 21 to be					L					510	00
ō	or	l .		ributions and Consumer's Use T									<u> </u>	515	00
ş	Your Refund	l .		Line 22, Line 23 (Columns A and								25		520	00
che		26	If you	owe tax on Line 20, add Lines	20 and 25 - O	R - If Line	e 21 is an ove	erpayment	and L	ine 25 i	S	00			
ole			ıargeı	r than Line 21, enter the differer	nce. This is the				-				\ <u>-</u>	525	00
Staple check or money order here.		27	If I ine	e 21 is larger than Line 25, subtra	act Line 25 from		ck here if cred This is the am						)5-19	530	00
	Sign Your			e 21 is larger triari Eirie 25, subtre			Office Use	iouni to be				Coding			00

Return on Page 2 2601039 Rev. 8/05 LTD

or Office Use

Coding

#### PART I - SCHEDULE OF INCOME AND ADJUSTMENTS (See instructions)

Name

## -ALL FILERS MUST COMPLETE THIS SCHEDULE-

•	•	
	ENTER SPOUSE'S INCOME WHEN FILIN	G STATUS 4 IS USEI

FOR USE BY ALL OTHER FILERS

		Column A	<b>\1</b>	Column A2	Column A3	\$
ഹ	Income:	Income or		Income While	Income While NO	
20	income.	Federal Return		Virginia Resident	Virginia Reside	ent
	(a) Wages, salaries, tips and other compensation 28(a)	755	00	825 00	895	00
	(b) Interest and dividends(b)	760	00	830 00	900	00
	(c) Pension and other income (attach explanation) (c)	765	00	835 00	905	00
29	Gross income [add Lines 28 (a), (b) and (c)]	770	00	840 00	910	00
30	Adjustments to income: moving expenses	775	00	845 00	915	00
31	Other income adjustments (attach explanation) 31	780	00	850 00	920	00
32	Adjusted gross income (Line 29 less Lines 30 and 31)* 32 $$	785	00	855 00	925	00
	(a) Net fixed date conformity modifications(a)	0055	00	0053 00	0051	00
	(b) Fixed date conformity FAGI [add Lines 32 and 32(a)](b)	0061	00	0059 00	0057	00

Income on Federal Retu		Income While Virginia Resid	е	Income While NOT Virginia Resident		
720	00	790	00	860	00	
725	00	795	00	865	00	
730	00	800	00	870	00	
735	00	805	00	875	00	
740	00	810	00	880	00	
745	00	815	00	885	00	
750	00	820	00	890	00	
0054	00	0052	00	0050	00	
0060	00	0058	00	0056	00	

*Enter the amount on Line 32, Col. A1 on page 1, Line 6 Col. A. Enter the amount on Line 32, Col. B1 on page 1, L	ine 6, Col. B.			
PART II - ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME	A Spouse - When Filing is cho	JSE ONLY g Status 4 ecked	B Yourse For use by other file	y all
33 Special fixed date conformity addition	625	00	620	00
34 Interest earned while a Virginia resident on obligations of other states exempt from federal tax	550	00	545	00
35 Other additions to federal adjusted gross income as provided in instructions - Attach explanation	560	00	555	00
36 TOTAL ADDITIONS (add Lines 33 through 35) Enter here and on Line 7 on Page 1	570	00	565	00
PART III - SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME			222	
37 Special fixed date conformity subtraction	635	00	630	00
38 Age deduction from Sch. NPY, Part I, Line 4	315-4	00	315-3	00
39 State income tax refund or overpayment credit reported as income on your federal return and received while a Virginia resident. (Claim in the same column you reported the income on Line 6.)	575	00	315-7	00
40 Income attributable to your period of residence outside Virginia from Part I, columns A3 and B3, Line 32(b) 40	590	00	580	00
41 Income (interest, dividends or gains) received while a Virginia resident on obligations or securities of the U.S. exempt from state income tax, but not from federal tax	600	00	595	00
42 Social Security and equivalent Tier 1 Railroad Retirement Act benefits reported as taxable income on your federal return and attributable to your period of residence in Virginia	605	00	315-6	00
43 Disability income received while a Virginia resident and reported as wages (or payment in lieu of wages) on account of permanent and total disability You cannot claim an Age Deduction on Line 38 and the disability subtraction. See instructions. 305-39 □ Spouse 305-38 □ You	615	00	610	00
44 Other subtractions - refer to the instruction book for Other Subtraction Codes  (a) Enter 2 digit code in box  305-33	645	00	640	00
(b) Enter 2 digit code in box 305-34	655	00	650	00
(c) Enter 2 digit code in box 305-35(c)	665	00	660	00
45 TOTAL SUBTRACTIONS - (add Lines 37 through 44c). Enter here and on Line 9 on Page 1	675	00	670	00
PART IV - STANDARD DEDUCTION (The standard deduction must be claimed unless itemized deductions were claimed on your federal A6 (a) Fixed date conformity Federal ADJUSTED GROSS INCOME (total of Line 32(b), columns A1 + B1 from Part I			680	00
(b) Fixed date conformity income attributable to Virginia residence (total of Line 32(b), columns A2 + B2 from Part	I above)	(b)	685	00
(c) Percentage of full standard deduction allowable [amount shown on Line 46(b) divided by amount shown on Line 46(a)]. Enter to only one decimal place (Ex.: 12.2%)		(c)	690 %	
(d) Filing Status 1: Enter \$3,000; Filing Status 2 or 4: Enter \$6,000; Filing Status 3: Enter \$3,000		(d)	695	00
(e) Multiply Line 46(c) by 46(d). Enter here and on Line 11 (a) on front. If using Filing Status 4, you may allocate this amount between husband and wife, as mutually agreed		(e)	700	00
PART V - ITEMIZED DEDUCTIONS (If you itemized deductions on your federal return, YOU MUST claim itemized deductions)	•	· /	705	
47 (a) Itemized deductions from Schedule A Worksheet paid while a Virginia resident		` ′ ⊢	705	00
(b) State and local income taxes claimed on Schedule A and included on Line 47(a)		(b)	710	00
(c) Allowable Virginia itemized deductions: Subtract Line 47(b) from Line 47(a). Enter here and on Line 11 (b) on Pag If using Filing Status 4, you may allocate this amount between husband and wife, as mutually agreed	e 1.	(c)	715	00
I (We) authorize the Department of Taxation to discuss this return with my (our) preparer.   I (We), the undersigned, declare under penalty of law that I (we) have examined this return and to the becomes and complete return. We agree that filing separately on this combined return makes us jointly an				shown

correct and complete return. We agree that filing separately on this combined return makes us jointly and severally liable for the amount of tax shown to be due on this return and any refunds will be made payable to us jointly.

	Your Signature	Date	Check if	Your Business Phone Number	Home P	hone Number
Please	х		305-40ceased	305-20	115-	1
Sign Here	Spouse's Signature (if filing status 2 or 4 both must sign)	Date	Check if	Spouse's Business Phone Number		
	x		Deceased 305-41	305-21		
	Preparer's Signature	Date		Preparer's Phone Number	Preparer's	FEIN/PTIN/SSN
Preparer's	x			300-3	050-1 OR	050-2
Use Only	Firm's Name (or Yours if Self-Employed)					Filing Election
						305-37



## Virginia Nonresident Income Tax Return Due May 1, 2006

Draft 9/27 2005

Part-Year Resident: If you or your spouse moved into or out of Virginia in 2005, you may have to use Form 760PY.

	Check Applie	cable	Boxes:	_				•			
	☐ Amended If Result C			Your First Name 070-1	. <sub>МІ</sub> <b>070-2</b>	Last Name	Suffix	Your Social S	Securit 03	y Number	
	☐ Fixed Date Modification			Spouse's First Name	· MI	· Last Name	Suffix	Spouse's So	cial Se	ecurity Number	
305-17	□ Overseas	-		070-3	070-4	065-1			)55		
	☐ Qualifying			Present Home Address (Number A	nd Street, Or Rural Ro	ute)		State Of Res			
	Fishermar Seaman ;			075-1 080-1							
205 27	Name(s) A			City, Town, Or Post Office, And Stat		ZIP Code		Locality Cod		n Instructions	
303-27	Different T	han S	Shown On	085-1	095-1	100-1 incipal Place Of Business, Employment Or Income		● 110	- 1		
	2004 Virgi	nia R	eturn	105	Of County in Which Fr	incipal Flace Of Business, Employment Of income	Source is	Lucaleu		City OR	
		Eil	ing Status			EVENDTIONS Only onter an ave	motion	for Chaus	o if fi	110-2 110-3	
	STEP 1	FII	ing Status	(Check Only One)		<b>EXEMPTIONS</b> - Only enter an exe	•		enn	iirig a joint returr	1
	✓ Check	1 1	Single		305-4	305-5 305-5 Depende	ents To	otal		Amount	<u> </u>
	your305	<b>-3</b> − 2−	_ ` `	ou claim federal head of household ed, Filing Joint Return	?YES [])	A. You 1 + Spouse + L	] = [_	∐x \$9	00 =		00
	Filing Status	4 7		must have Virginia source inco	me)	305- 65 or Over Blind	8				
	Enter	3-	Marrie	ed, Spouse Has No Incom	e From Any	You Spouse You Spous	se ·	Total		Amount	
	your			e (Enter spouse's SSN above)		B.	=		no –		00
	Exemp-	l I,		e's full name070-3_070-4		305-6 305-7	_	∨ ⊅0/	JU –		100
ļ	tions	44		ed, Filing Separate Return pouse's SSN above)	ıs	C. Total Exemption Amount - Ad	d Lines	A and B			00
			Litter 3	pouse's con above)		o. rom zampnom zmodne zna	u 2oo	, rana B		(Enter on Line 1	2)
<u>ā</u>			Dananda	nt On Anothor's Beturn (	> - 4b - i 4 4i	for Line 44.)		305-15	_	Fatanishala dallasi	
he 1						for Line 11.)rn (not federal taxable income)			6	Enter whole dollars 310-5	s only.
R-6	STEP 2				•	m (not rederal taxable income)					00
109	Do you need									315-1	00
pu	to file? See Line 10										00
g g	Instructions.  →					ne 9 from Line 8)				320-2	00
Staple Forms W-2, W-2G and 1099-R here		_				ed Deductions from Line 44, Part IV				540	00
,5	STEP 3					ine C				375	00
8	Compute	13	Virginia C	hild and Dependent Care E	Expenses Deduc	tion (See instructions.)			13 🌑	385	00
r.	Your Virginia	14	Subtotal (	Add Lines 11, 12 and 13)					14	395	00
ο Ή	Taxable	15	Taxable in	ncome computed as a resid	ent (Subtract Lir	ne 14 from Line 10)			15	405	00
jdej	Income	16	Percentag	ge from Line 59, Part V, on	page 2 [Enter to	one decimal place only. (For ex.: 5	5.4%)]		16 •	415	%
Ś						by percentage on Line 16)				420	00
	CTED 4									425	00
1	STEP 4 Compute	19	Payments	• •	•	ach Forms W-2, W-2G and 1099-R).					00
_	Your					(Attach Forms W-2, W-2G and 1099					00
	Tax, Payments				-	e credit from 2004)					00
	and		0 !!!	( )					. , -		00
	Credits		Credits:	, ,		from Schedule NPY, Part III, Line 11			. ,		00
				•		m Schedule NPY, Part III, Line 8 f claiming Political Contribution Credi		305-3	` '	480	00
_										485	00
- i						oyment Enhancement Tax Credit earn					$\neg \neg$
Jere		20	TOTAL PA	AYMENTS AND CREDITS	add Lines 19(a)	through (g)]		305-18	20	490	00
er	STEP 5			-		This is the <b>INCOME TAX YOU OWE</b> .				495	00
orc	Compute			•		This is the <b>OVERPAYMENT AMOUN</b>				500	00
ney	Amount You Owe					PY, Part IV, Line 4				505	00
ΕŌ	or					TO 2006 ESTIMATED INCOME TAX				510	00
ō	Your										00
eck	Refund			•		If Line 20 is an every many and Li			26	520	00
Staple check or money order here.		2/	If you owe	e tax on Line 21, add Lines n Line 22, enter the differei	21 and 26 - <b>OR</b> nce. This is the <b>A</b>	- If Line 22 is an overpayment and Li	ne 26 is		27 🌑	525	00
aple	61 4					Check here if credit card payment	has bee	en made			
St	Sign Your Return On	28	If Line 22	is larger than Line 26, subtr	act Line 26 from	Line 22. This is the amount to be REFU				530	00
_	Page 2 Va. Dept. of Tax		Local Use 2601044 RI	EV. 7/05	LTD	For Office Use				Coding	

FO	RM 7	763	(2005	)	Name					SSN							Pa	age 2
						DJUSTED												$\top$
			U			′ '			'							545	5	00
					-	•			,			,			- 1	555		00
					-	•		,								620 565		00
								GROSS INC							32	300	•	00
					struction		JUSTED	GROSS INC	JOINE (FAC	) )								
	Enter	the Ac	djusted F	ede	ral Adjuste	ed Gross Ir	ncome fro	m Age Dedi	uction Work	Sheet, Line	e 8, if	арр	licable <u>885</u>			_		
	For Fi	ling St	tatus 4, e	nter	spouse's	birth date		890		4 - Spouse			Col. B - You					
								oirth dates ar	· .	- Day - Year <b>75</b> -			Month - Day - Yea - <b>870</b> -	ır				
				•				(l		5-4	00	,	315-3	00	•			
	(c) Ad	d amo	ounts on	line	33(b) abo	ove and ent	ter the tota	al on this lin	e		<u> </u>				33 ●	315-5	5	00
34	State i	incom	e tax refu	und (	or overpa	yment cred	dit reporte	d as income	on your fe	deral return					34	315-7	7	00
35	Incom	e on c	obligation	s or	securities	s of the U.S	S. exempt	t from state	income taxe	es, but not f	rom f	eder	al tax		35 ●	595		00
36	Social	Securi	ity and eq	luiva	lent Tier 1	Railroad Re	etirement A	Act benefits re	eported as ta	xable incom	e on y	your	federal return		36 ●	315-6	3	00
37			come repand total			es (or payn	ments in li	eu of wages	) on accou	nt of 305-38			305-39		37	610		00
					,	tion on Li	ne 33 and	d the disabi	lity subtra						ŭ. <b>U</b>	010		
38				•	•	btractions (			,						38	630		00
	•				,	,	•	ther Subtrac	ction Codes									
						39	a Enter 2	2 digit code i	n box —				305-33	• 3	89a ●	640		00
								2 digit code i					305-34	• 3	89b ●	650		00
								2 digit code i					305-35	-	39c ●	660		00
															40	670		00
													our federal retur		41	880		00
											<u> </u>		the instructions					
					•	•		•			•			,	42	320-	·5	00
													vere reduced)			320-		00
							•		-				ne 11 on page 1			370	)	00
								CHEDULE					COLUMN				DLUMN B	
			•			in brackets			`	,			All Source	es		Virgir	nia Sourc	es
													720		00	79	5	00
46	Intere	st inco	ome									46	725		00	80	0	00
													730		00	80	5	00
		•											735		00	81		00
			come or									49	740		00	81	5	00
	•	•			•								745		00	82	0	00
51		-											750		00	52	5	00
52		•	,									52	755		00			
						•		rations, etc.				53	760		00	83	0	00
												54	765		00	83	5	00
												55	775		00	84		00
			•									56	780		00	85	0	00
								luded on Lir					785		00	85	5	00
					•			ımn total he				58	790		00	86	0	00
59	percei	ntage	to one de	ecim	al place,	showing no	o more the	olumn B, by an 100% bu	t not less th	an 0%. Exa	ample	: 5.4	%.) 		59	86	5	%
I (We								n my (our) pre									-	
											est of	f my (	our) knowledge, it	is a t	rue, con	rect & co	mplete ret	urn.
		Your Si	gnature					Date	☐ Check if	Your Business	s Phone	e Numi	ber	Home	Phone N	Number		
DI	ease	Х							deceased. 305-40	• ( )	305-2	20		• (	)	115-1		
		Spouse'	's Signature	(If a j	joint return, <b>b</b>	oth must sign.)	)	Date		Spouse's Bus		_	Number					$\neg$
-		X	<u> </u>	,	. , -	- 3,	-		Check if deceased.	Li	305-2							
			wla Ci '					D :	305-41	, ,				D			1/0.021	
		Prepare	er's Signatur	е				Date		Preparer's Ph				Prep		EIN/PTIN		
	arer's	X								( ) 3	300-3			•	050-1	1 OR 05		
Use	Only	⊦ırm's N	name (Or Yo	ours If	Self-Employe	ed) And Addre	ess										Filing Ele	
																	<b>●</b> 305	-37
Α	ttach	A Co	mplete	Co	ppy Of Y	our Fede	eral Ind	ividual In	come Tax	Return A	And A	AII (	Other Requir	ed \	/irgin	ia Atta	achmen	ıts

## **Schedule NPY**

# Schedule of Adjustments For Nonresident or Part-Year Resident

**Draft 9/2**7

		Attach this Sche	dule to your Fori	m 70	60PY	or For	m 763	3			, .
Name(s	s) As Shown On Virginia	a Return	<u> </u>	В	Your SSI	N	003				1
				Α	Spouse's	SSN	055				1
Part	I - Form 760	PY ONLY - Age Deduction (	Read instructions before o	ompl	eting -	changes fo	or 2004.)				_
Er	nter the Adjusted F	Federal Adjusted Gross Income  n Work Sheet, Line 8, if applicable.	0142	]	3		,				
Fo	or Filing Status 3,	enter spouse's birth date	0143		Α	SPOUS	E	F	<b>3</b> YOU		
				J		Month - Day -	- Year	┰	Month - Day - Yea	ır	1
1.		For Filing Statuses 2 and 4 both birtlies for an age deduction.)		1.		0051	-		0050		
2.	Enter Age Dedu	ction (See instructions.)		2.		0053	00	)	0052	00	_
3.	Enter the Ratio S	Schedule amount for the date you mo	ved into or out of Virginia	3.		0055			0054		•
4.	Qualifying Age	Deduction - Multiply Line 2 by Line	3 and enter here	4.		0057	00	)	0056	00	٦.
	Filing Status 2 - T Filing Status 4 - T	3 - Transfer amount from Line 4, Col. E Transfer the total of Line 4, Col. A & B transfer amounts from Line 4 to Form 7	o Form 760PY, Line 38, Col. 60PY, Line 38, Col. A & B.	В.	disa	may NOT bility incon	ne subtr	actio	this deduction and on on Form 760PY at benefits you the	, Part	
• ; • !	See instructions to Please list below the lift more room is nee	tion For Tax Credit For Love to compute. The name, Social Security Number (SSN) and attach a schedule with the name, this Part may result in credit being red	) and Guideline Income for yo SSN and Guideline Income for	ou, you	h additi	onal depend	dent.				7
	Family VAGI	Nan	ne		So	cial Securit (SSN		er	Guideline Incor	ne	
1	. Yourself	0058					0059		0060	00	_
2	. Spouse	0061					0062		0063	00	
3	. Dependent	0064					0065		0066	00	_
4	. Dependent	0067					0068		0069	00	
5	. Dependent	0070					0071		0072	00	_
6	. Dependent	0073					0074		0075	00	
7	. Total Family Gui	deline Income (Be sure to include in	formation from attached sch	nedule	, if app	licable.)		7.	0076	00	•
	family Guideline	umber of exemptions listed above are lincome from Line 7 and the poverty	guidelines in the instruction	ıs, det	ermine	your eligibi		8.	0077		•
9.		the number of personal exemptions f ption.)						9.	0078		
10	). Multiply Line 9 b	y \$300						10.	0079	00	Ī
11	above. Enter the	mount of tax on Form 760PY, Line 17 e lower amount here. This is your Tax (e), or Form 763, Line 19(e),	Credit for Low Income Indi	viduals	s. Entei	r on Form		11.	0080	00	
Part	III - Credit Fo	or Tax Paid To Another Stat	e								
• ,	Attach copy of th	hat state's return.				SPOUThis column	for 760PY		B YOU		
1.	Enter qualifying ta	xable income base for other state's tax	xes. (See instructions.)			0082		00	0081	00	•
2.	Virginia Taxable Ir	ncome - Enter amount from Form 760F	Y, Line 15, or Form 763, Line	e 17.	2.	0084	4 0	00	0083	00	_
3.	Enter qualifying ta	ax paid to other state. (See instructions	) Name of state:0087	7	3.	0086	6 0	00	0085	00	•
4.	Virginia Income Ta	ax - Enter amount from Form 760PY, Li	ne 16, or from Form 763. Lir	ne 18.	4.	0089	9 0	00	0088	00	•
	Income Percentage divide Line 2 by L	ge - If filing Form 760PY, divide Line 1 .ine 1 .Compute to 1 decimal place no	by Line 2. If filing Form 763, to exceed 100%. (For ex.,								1
	31.6%.)				5.	0091	1 •	%	0090	9	%  ●

00

00

0092

0094

0096

0093

0095

00

00

00

necessary to ensure sum does not exceed.

6. Form 760PY filers, multiply Line 4 by Line 5. Form 763 filers, multiply Line 3 by Line 5. . .

8. Total - Add Line 7, Col. A and Col. B. Also enter on Form 760PY, Line 18(f), or Form 763, Line 19(f). Note: The sum of Line11, Part II, and Line 8, Part III, cannot exceed your tax liability. Lower Line 8, Part III, if

7. Credit - Form 760PY filers, enter the lesser of Lines 3 or 6. Form 763 filers, enter the

					,
Name(s)	As Shown On Virginia Return	Social Security Number			
	070-1, 070-2, 060-1, 060-3	003			
	V - Addition To Tax, Penalty And Interest				
• S	ee instructions.			1	í
1.	Addition To Tax - Enter amount from Form 760C or Form 760F, whichever is applicable	1.	0097	00	•
2.	Penalty - See instructions. If owed, check one and enter amount:  Late Filing Penalty or Extension Penalty	2.	0100	00	•
3.	Interest - Compute on amount from Form 760PY, Line 20, or Form 763, Line 21. See Instructions	3.	0101	00	•
4.	<b>Total</b> - Add Lines 1, 2 and 3. Enter here and on Form 760PY, Line 22, or Form 763, Line 23	4.	0102	00	•
Pa	rt V - Contributions And Consumer's Use Tax (See instructions.)				
	r	Code	Amount		
1.	Voluntary Contributions From Overpaid Taxes  Enter the code for the organization and the contribution amount(s) in boxes 1a through 1h.  1a.	***	***	00	•
	If you are donating to more than 8 qualifying organizations, enter the code "00" in the first box and the total amount of all donations. Attach a separate page indicating the	***	***	00	•
	amount you wish to contribute to each organization. See Instructions for contribution codes.	***	***	00	•
	*** IMPORTANT NOTE FOR DEVELOPERS ***	***	***	00	•
	*** Although the Schedule NPY's paper form now reflects a code box and amount layout for all contributions, the electronic record 1e.	***	***	00	•
	layout will remain the same. Each code is represented by a unique field. Developers must place the contribution amount in	***	***	00	•
	the correct ELF field. <i>For example:</i> If a taxpayer would like to contribute 50.00 to code 71, the amount 50, should be in field <sup>1g</sup> .	***	***	00	•
	0120 of the Schedule NPY's unformatted record. 1h.	***	***	00	•
2.	Total Voluntary Contributions - Add Lines 1a -1h This subtotal may not exceed the amount on Form 760PY, Line 21 minus the total of Lines 22 and 23; or Form 763, Line 22 minus the total of Lines 23 and 24.	2.	0119	00	•
3.	Other Voluntary Contributions  Enter the code of the organization and the countribution amount(s) in boxes 3a through 3e.  3a.	***	***	00	•
	If you are donating to more than 5 organizations, enter the code "00" in the first box and enter the total amount of all donations. Attach a separate page indicating the	***	***	00	•
	amount you wish to contribute to each organization. See Instructions for contribution codes.	***	***	00	•
	3d.	***	***	00	•
	3e.	***	***	00	•
4.	Public School Foundations  Enter the code of the foundation and the countribution amount in		0126	00	•
	boxes 4a through 4c.  Olivinia of the state		0128	00	•
	"999999" and the total amount donated to school foundations on 4a, and attach a schedule showing the amount donated to each foundation. See Instructions for foundations codes.		0141	00	•
5.	Total Contributions - Add Line 2, Lines 3 a-e, and Lines 4 a-c.	5.	0131	00	•
6.	Consumer's Use Tax		0132	00	•
7.	Total Contributions And Consumer's Use Tax - Add Line 5 and Line 6			+	_
	Enter this amount on Form 760PY, Line 24, or Form 763, Line 25	7.	0132	00	•

# 2005 Virginia Schedule OSC/CG CREDIT FOR TAX PAID TO ANOTHER STATE



1FIRSTNAME12 I 1LASTNAME15XXXX SUF 000000000 003

_			1				ı
Cre	dit Computation State 1				Credit Computation State 3		
<b>Cla</b> 1.	iming border state Filing Status claimed on the other state's return	0050 0051	х 0	21.	Filing Status claimed on the other state's return	0071	0
2.	Enter the number below to identify the person claiming the credit			22.	Enter the number below to identify the person claiming the credit		
3.	1. You 2. Spouse 3. Joint Qualifying taxable income on	0052	0	22	1. You 2. Spouse 3. Joint Qualifying taxable income on	0072	0
J.	which other state's tax is based	0053	00000000.	23.	which other state's tax is based	0073	00000000.
4. 5.	Virginia taxable income Qualifying tax liability owed to the	0054	000000000.		Virginia taxable income	0074	00000000.
	other state	0055	000000000.		Qualifying tax liability owed to the other state	0075	00000000.
6.	Identify the state and ATTACH a copy of the other state's return	0056	XX	26.	Identify the state and ATTACH a copy of the other state's return	0076	XX
7.	Virginia income tax	0057	000000000.	27.	Virginia income tax	0077	00000000.
8.	Income percentage	0058	000.0	28.	Income percentage	0078	000.0
9.	Multiply line 7 by line 8	0059	000000000.	29.	Multiply line 27 by line 28	0079	00000000.
10.	Credit. Enter lesser of line 5 or 9	0060	000000000.	30.	Credit. Enter lesser of line 25 or 29	0080	000000000.
Cre	dit Computation State 2	L		Cre	edit Computation State 4		_
	Filing Status claimed	L 0061	0		Filing Status claimed	0081	
11.	Filing Status claimed on the other state's return Enter the number below to identify the	0061	0	31.	Filing Status claimed on the other state's return Enter the number below to identify the	0081	0
11. 12.	Filing Status claimed on the other state's return Enter the number below to identify the person claiming the credit 1. You 2. Spouse 3. Joint	0061 0062	0	31. 32.	Filing Status claimed on the other state's return Enter the number below to identify the person claiming the credit 1. You 2. Spouse 3. Joint	0081	<b>J</b> 0 0
11. 12.	Filing Status claimed on the other state's return Enter the number below to identify the person claiming the credit			31. 32.	Filing Status claimed on the other state's return Enter the number below to identify the person claiming the credit		
<ul><li>11.</li><li>12.</li><li>13.</li><li>14.</li></ul>	Filing Status claimed on the other state's return Enter the number below to identify the person claiming the credit 1. You 2. Spouse 3. Joint Qualifying taxable income on which other state's tax is based  Virginia taxable income	0062	0	<ul><li>31.</li><li>32.</li><li>33.</li><li>34.</li></ul>	Filing Status claimed on the other state's return Enter the number below to identify the person claiming the credit 1. You 2. Spouse 3. Joint Qualifying taxable income on which other state's tax is based  Virginia taxable income	0082	0
<ul><li>11.</li><li>12.</li><li>13.</li><li>14.</li><li>15.</li></ul>	Filing Status claimed on the other state's return Enter the number below to identify the person claiming the credit 1. You 2. Spouse 3. Joint Qualifying taxable income on which other state's tax is based  Virginia taxable income Qualifying tax liability owed to the other state	0062 0063	0	<ul><li>31.</li><li>32.</li><li>33.</li><li>34.</li><li>35.</li></ul>	Filing Status claimed on the other state's return Enter the number below to identify the person claiming the credit 1. You 2. Spouse 3. Joint Qualifying taxable income on which other state's tax is based  Virginia taxable income Qualifying tax liability owed to the other state	0082 0083	0
<ul><li>11.</li><li>12.</li><li>13.</li><li>14.</li><li>15.</li></ul>	Filing Status claimed on the other state's return Enter the number below to identify the person claiming the credit 1. You 2. Spouse 3. Joint Qualifying taxable income on which other state's tax is based  Virginia taxable income Qualifying tax liability owed to the	0062 0063 0064 0065	0 000000000. 000000000.	<ul><li>31.</li><li>32.</li><li>33.</li><li>34.</li><li>35.</li></ul>	Filing Status claimed on the other state's return Enter the number below to identify the person claiming the credit 1. You 2. Spouse 3. Joint Qualifying taxable income on which other state's tax is based  Virginia taxable income Qualifying tax liability owed to the	0082 0083 0084	0 000000000. 000000000.
11. 12. 13. 14. 15.	Filing Status claimed on the other state's return Enter the number below to identify the person claiming the credit 1. You 2. Spouse 3. Joint Qualifying taxable income on which other state's tax is based  Virginia taxable income Qualifying tax liability owed to the other state Identify the state and ATTACH	0062 0063 0064 0065	0 000000000. 000000000.	<ul><li>31.</li><li>32.</li><li>33.</li><li>34.</li><li>35.</li><li>36.</li></ul>	Filing Status claimed on the other state's return Enter the number below to identify the person claiming the credit 1. You 2. Spouse 3. Joint Qualifying taxable income on which other state's tax is based  Virginia taxable income Qualifying tax liability owed to the other state Identify the state and ATTACH	0082 0083 0084 0085	0 000000000. 000000000. 0000000000.
11. 12. 13. 14. 15.	Filing Status claimed on the other state's return Enter the number below to identify the person claiming the credit 1. You 2. Spouse 3. Joint Qualifying taxable income on which other state's tax is based  Virginia taxable income Qualifying tax liability owed to the other state Identify the state and ATTACH a copy of the other state's return	0062 0063 0064 0065 0066	0 000000000. 000000000. 000000000. XX	<ul><li>31.</li><li>32.</li><li>33.</li><li>34.</li><li>35.</li><li>36.</li><li>37.</li></ul>	Filing Status claimed on the other state's return Enter the number below to identify the person claiming the credit 1. You 2. Spouse 3. Joint Qualifying taxable income on which other state's tax is based  Virginia taxable income Qualifying tax liability owed to the other state Identify the state and ATTACH a copy of the other state's return	0082 0083 0084 0085	0 000000000. 000000000. 0000000000. xx
11. 12. 13. 14. 15. 16.	Filing Status claimed on the other state's return Enter the number below to identify the person claiming the credit 1. You 2. Spouse 3. Joint Qualifying taxable income on which other state's tax is based  Virginia taxable income Qualifying tax liability owed to the other state Identify the state and ATTACH a copy of the other state's return  Virginia income tax	0062 0063 0064 0065 0066	0 000000000. 000000000. 000000000. xx 00000000	31. 32. 33. 34. 35. 36. 37.	Filing Status claimed on the other state's return Enter the number below to identify the person claiming the credit 1. You 2. Spouse 3. Joint Qualifying taxable income on which other state's tax is based  Virginia taxable income Qualifying tax liability owed to the other state Identify the state and ATTACH a copy of the other state's return  Virginia income tax	0082 0083 0084 0085 0086	0 000000000. 000000000. 000000000. xx 00000000
11. 12. 13. 14. 15. 16. 17. 18.	Filing Status claimed on the other state's return Enter the number below to identify the person claiming the credit 1. You 2. Spouse 3. Joint Qualifying taxable income on which other state's tax is based  Virginia taxable income Qualifying tax liability owed to the other state Identify the state and ATTACH a copy of the other state's return  Virginia income tax Income percentage	0062 0063 0064 0065 0066 0067	0 000000000. 000000000. 000000000. xx 00000000	31. 32. 33. 34. 35. 36. 37. 38.	Filing Status claimed on the other state's return Enter the number below to identify the person claiming the credit 1. You 2. Spouse 3. Joint Qualifying taxable income on which other state's tax is based  Virginia taxable income Qualifying tax liability owed to the other state Identify the state and ATTACH a copy of the other state's return  Virginia income tax Income percentage	0082 0083 0084 0085 0086 0087	0 000000000. 000000000. xx 000000000.

## 2005 Virginia Supplemental Schedule -- NC

## 1FIRSTNAME12 I 1LASTNAME15XXXX SUF

D-400 Items		D-400TC Items	
1. Filing Status	<b>0051</b> 0	20. Total Income	007300000000000.
2. Decimal Amount from line 51	<b>0052</b> 00000000000.	21. Portion of Total Income outside NC	<b>0074</b> 00000000000.
3. NC Taxable Income	<b>0053</b> 00000000000.	22. Decimal Amount	<b>0075</b> 00000000000
4. NC Income Tax	<b>0054</b> 00000000000.	23. Computed credit	<b>0076</b> 00000000000.
5. Tax Credits	<b>0055</b> 00000000000.	24. Amount of net tax paid outside NC	<b>0077</b> 00000000000.
6. Line 14 minus Line	0056 00000000000.	25. Lesser Value	007800000000000.
7. Your Income Tax Withheld	<b>0057</b> 00000000000.	26. Number of states	0079 0 0
8. Spouse's Income Tax Withheld	0058 00000000000.	27. Expenses	008000000000000.
9. Partnership Payments	0059 00000000000.	28. Portion of expenses for dependents	008100000000000.
10. S corporation Payments	0060 000000000000.	29. Credit for expenses	008200000000000.
11. Total Payments	0061 00000000000.	30. Other Qualifying Expenses	008300000000000.
12. NC "Pay this Amount"	0062 00000000000.	31. Credit for D-400TC line 11 expenses	s <b>0084</b> 00000000000.
13. NC overpayment	0063 00000000000.	32. Total Credit f Subtotal	008500000000000.
14. Total income while NC Resident	0064 00000000000.	33. Nonresident and part year amount	008600000000000.
15. Income from NC sources	0065 00000000000.	34. Total credit	008700000000000.
16. Subtotal	0066 00000000000.	35. Children X 100	008800000000000.
17. Total income all sources	0067 00000000000.	36. Nonres and part year allocation	0089 00000000000
18. Decimal amount	0068 000000000000.	37. Credit for Children	009000000000000000000000000000000000000

#### Residency dates for Part Year

			Beginning		Ending
19a	Primary	0069	0000000	0070	0000000
19b	Spouse	0071	0000000	0072	00000000

## 2005 Virginia Supplemental Schedule -- MD

#### 1FIRSTNAME12 I 1LASTNAME15XXXX SUF

#### 505 Items

1.	Filing Status	<b>0051</b> 0			
2.	Total Exemptions 0052 0 0 0 0 0 0	00000.			
IN	COME ADJUSTMENTS		FEDERAL INC (LOSS)	MD INCOME (LOSS)	NON-MD INC (LOSS)
3.	Wages, salaries, etc.		0053 00000000000.	<b>0054</b> 000000000000.	<b>0055</b> 00000000000.
4.	Taxable interest income		0056 000000000000.	<b>0057</b> 000000000000.	<b>0058</b> 00000000000.
5.	Dividend Income		<b>0059</b> 00000000000.	0060 000000000000.	0061000000000000.
6.	Taxable refunds, credits etc.		<b>0062</b> 00000000000.	0063 0 0 0 0 0 0 0 0 0 0 0 .	006400000000000.
7.	Alimony Received		<b>0065</b> 0000000000.	006600000000000.	006700000000000.
8.	Business income(loss)		0068 000000000000.	0069 000000000000.	0070000000000000.
9.	Capital gain (loss)		0071 000000000000.	<b>0072</b> 00000000000.	007300000000000.
10	. Other gains (losses)		<b>0074</b> 00000000000.	<b>0075</b> 0 0 0 0 0 0 0 0 0 0 0 .	0076000000000000.
11	. Taxable amount of pensions, etc.		<b>0077</b> 00000000000.	0078 0 0 0 0 0 0 0 0 0 0 0 0 .	007900000000000.
12	. Rents, royalties, etc.		008000000000000000000000000000000000000	0081000000000000.	008200000000000.
13	.Farm Income (loss)		0083 000000000000.	<b>0084</b> 000000000000.	008500000000000.
14	. Unemployment comp insurance		0086 000000000000.	<b>0087</b> 0000000000000000000000000000000000	008800000000000.
15	. Taxable amt of SS and Tier 1		<b>0089</b> 000000000000.	0090 0000000000000000000000000000000000	0091000000000000.
16	. Other income		<b>0092</b> 00000000000.	0093 0000000000000000000000000000000000	0094000000000000.
17	. Total income		<b>0095</b> 0000000000.	0096000000000000.	<b>0097</b> 0 0 0 0 0 0 0 0 0 0 0 0 .
18	. Total adjustments		<b>0098</b> 000000000000.	0099 0000000000000000000000000000000000	<b>0100</b> 000000000000000000000000000000000
19	. Adjusted gross income		<b>0101</b> 000000000000.	<b>0102</b> 00000000000.	<b>0103</b> 00000000000.
Ad	Iditional 505 Line items				

20. Taxable net income	<b>0104</b> 00000000000.	28. Total credits	0112 000000000000.
21. MD Tax	010500000000000.	29. MD tax after credits	0113 00000000000.
22. Special nonres tax	010600000000000.	30. Total MD tax withheld	<b>0114</b> 00000000000.
23. Total MD Tax	0107 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	31. Balance due	<b>0115</b> 00000000000.
24. Earned income credit	010800000000000.	32. Overpayment	0116 00000000000.
25. Poverty level credit	0109 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	33. Refund	0117 00000000000.
26. Personal income tax cre	<b>0110</b> edit 00000000000.	34. Total Amount Due	0118 00000000000.

27. Business tax credit **0111** 0000000000.

003	$\square$ corre	CTED (if checked)			
PAYER'S name, street address, city, state, ZIP code, and telephone no.  050 051 052 053, 054 055		Unemployment compensation     066     State or local income tax refunds, credits, or offsets	OMB No. 1545-0120 2005 Form 1099-G		Certain Government Payments
056 PAYER'S Federal identification number	RECIPIENT'S identification number	\$ 067  3 Box 2 amount is for tax year	4 Federal income tax withheld		Сору В
057	058	068	\$ 069		For Recipient
RECIPIENT'S name 059		5	6 Taxable grants \$ 070		This is important tax information and is being furnished to the Internal Revenue
Street address (including apt. no.)  060 061 City state and ZID code		7 Agriculture payments \$ 071	8 Box 2 is trade or business income	<b>072</b> ►	Service. If you are required to file a return, a negligence penalty or other sanction may be
City, state, and ZIP code 062, 063 064		_			imposed on you if this income is taxable and the IRS determines that
Account number (optional)					it has not been

Form **1099-G** 

003

(keep for your records)

Department of the Treasury - Internal Revenue Service

_ <sup>003</sup> 9595	□ VOID □ CC	RRE	CTE	ED			_		
PAYER'S name, street address, city, state, ZIP code, and telephone no.			1	Rents	OMB No. 1545-0115				
050 051 052 053. 054 055			\$ 067 2 Royalties		2005			Viscellaneous Income	
056			   \$	068	Fo	m 1099-MISC			
			3	Other income	4	Federal income tax	withheld	Copy A	
			\$	069	\$	070		Foi	
PAYER'S Federal identification number	RECIPIENT'S identification number		5	Fishing boat proceeds	6	Medical and health care	e payments	Internal Revenue Service Cente	
057	058		\$	071	\$	072		File with Form 1096	
RECIPIENT'S name			7	Nonemployee compensation	8	Substitute payments i dividends or interest	in lieu of	For Privacy Act	
059			\$	073	\$	074		and Paperwork Reduction Act	
Street address (including apt. no.)  060 061			9	Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale		Crop insurance pr	Notice, see the 2004 Genera Instructions for		
City, state, and ZIP code 062, 063 064			11	(recipient) to resale >	12			Forms 1099 1098, 5498	
Account number (optional)		IN not. 66	13	Excess golden parachute payments	14	Gross proceeds p an attorney	paid to	and W-2G	
065			\$	077	\$	078			
15	<u> </u>		16	State tax withheld	17	State/Payer's stat	te no.	18 State income	
			.\$	079	ļ	080 081		\$ 082	
			\$	083		084 085		\$ 086	

Form 1099-MISC

Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page